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ABSTRACT

This is the first volume of the final report of the Information and Referral Center Study, which was funded by the Administration on Aging, Department of Health, Education, and Welfare. The overall project objective, as stated in the initial grant application, was "to facilitate the development of a more useful, effective, and comprehensive system of information and referral centers." The purposes of this first volume are threefold: (1) to explicate the evaluation technology developed for this program; (2) to illustrate the use of this technology in the formal consideration of the research questions originally posed; and (3) to offer recommendations concerning the location of I and R services to maximize access by the elderly, the service components necessary to facilitate the connection of the elderly individual in need of human services with the appropriate provider, minimum educational requirements for staff of I and R centers, and the advisability of networks of I and R Centers. (Author)

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INFORMATION & REFERRAL SERVICES: Research Findings

CG

VOLUME 1 of the InterStudy INFORMATION AND REFERRAL CENTER STUDY

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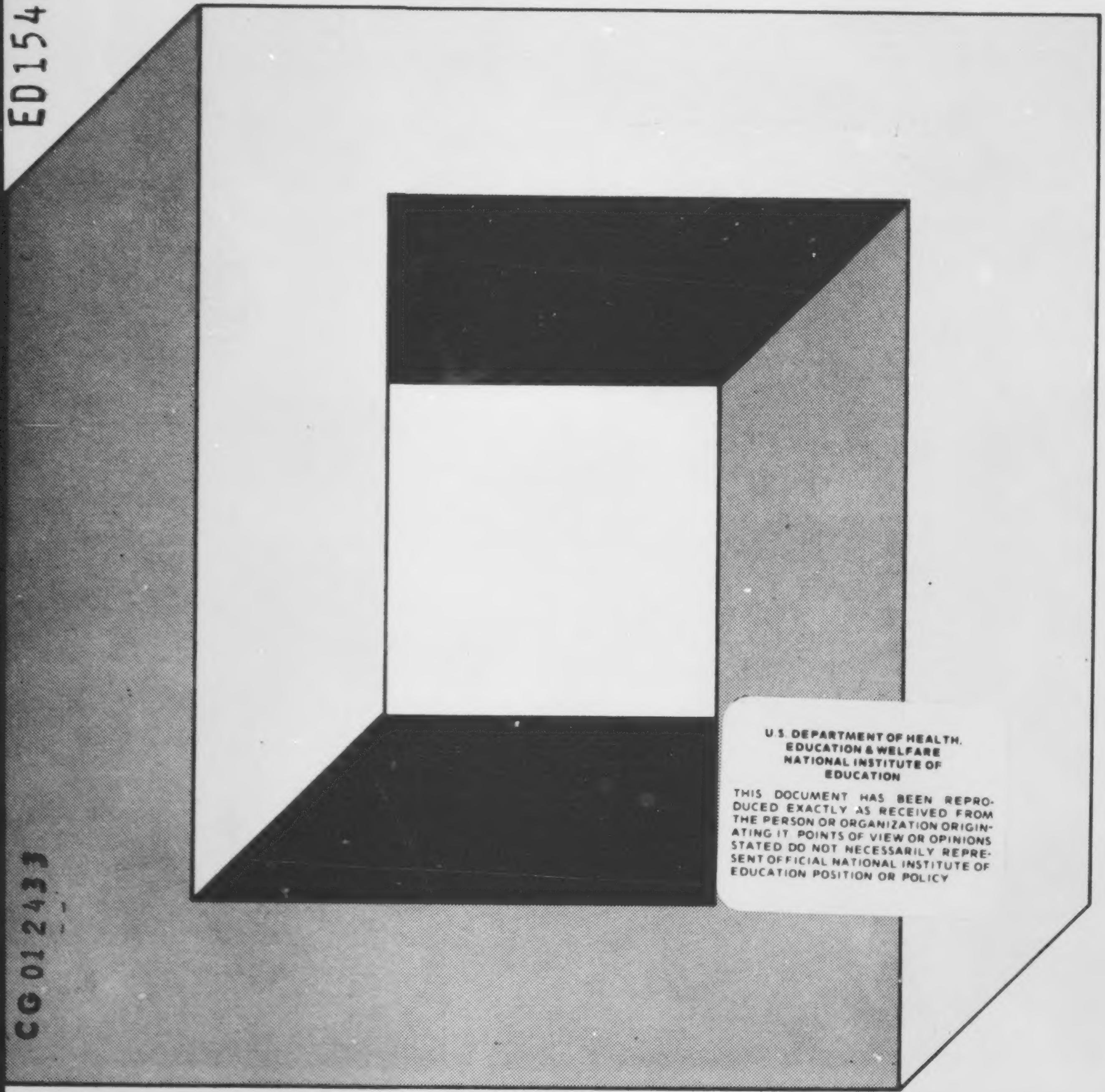

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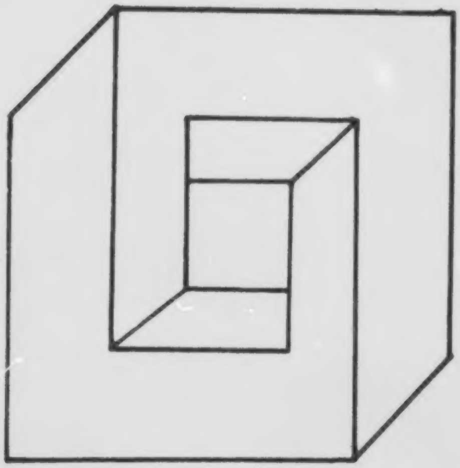
INFORMATION & REFERRAL SERVICES: Research Findings

VOLUME 1 of the InterStudy **INFORMATION AND REFERRAL CENTER STUDY**



NICHOLAS LONG

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ACKNOWLEDGEMENTS

The research findings contained in this report are the result of the support, encouragement, and very hard work of a large number of people. Although it is not possible to mention all who contributed to the Information and Referral Center Study, I would like to acknowledge the help and continuing guidance provided by Jessie Gertman and Byron Gold of the Administration on Aging. The enthusiasm, cooperation, and back-breaking work of Robert Kramer, Stuart Morse, Doreen Rumpf, Denise Kapler, and all the other state office staff and all of the center managers were crucial for this research program.

At InterStudy the help of Shirley Zimmerman, Paul Meyers, Leslie Yonce, Ellie Bolch, Diane Tessari, and Seldon Todd was invaluable. A very special thanks is given to Holley Faber for her contributions which went far beyond the regular duties of a project secretary. The assistance of Judith Hestoft and Kathleen Deignan who participated both as WIS center managers and later as InterStudy staff members is gratefully acknowledged.

Finally I wish to acknowledge the unmeasurable sacrifice of family resources made by my wife, Devona, and my children, Catherine and Nicholas, during the final months in which this report was prepared. Without their help it could not have been done.

Nicholas Long, Ph.D.
September, 1975

FOREWORD

This is the first volume of the final report of the information and Referral Center Study. The second volume, titled *Information and Referral Centers and Human Services Planning,** and the third volume, *Information and referral Evaluation and Planning System* (Long, 1975), complete this final report. The second volume will contain an analysis of a national survey conducted in the Fall of 1973 in which questions about data gathering and reporting for planning purposes by I & R centers were asked of a sample of almost 400 I & R centers. Similar questions were asked of over 1,000 planning agencies concerning their familiarity and use of I & R data and reports for human services planning. The third volume contains a description of some seventy computer programs developed for use in a management information system for I & R services.

**Publication date for this volume has not been established at this time.*

The purposes of this first volume are threefold:

1. To explicate the evaluation technology developed for this program;
2. To illustrate the use of this technology in the formal consideration of the research questions originally posed; and
3. To offer recommendations concerning:
   a. the location of I & R services to maximize access by the elderly;
   b. the service components necessary to facilitiate the connection of the elderly individual in need of human services with the appropriate provider;
   c. minimum educational requirements for staff of I & R centers; and
   d. the advisability of networks of I & R centers.

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PART I: Introduction

CHAPTER 1: Background

PROJECT GOALS

The "Information and Referral Center Study" was funded by the Administration on Aging, Department of Health, Education, and Welfare, under Title IV Grant Number 93-P-75051/5, for a six-year period beginning July 1, 1969. The overall project objective, as stated in the initial grant application (Institute for Interdisciplinary Studies, 1969), was "to facilitate the development of a more useful, effective, and comprehensive system of information and referral centers." Five goals to accomplish this objective were discussed in the initial proposal to the funding agency:

1. Specific definition of the potential contributions of a network of information and referral centers to the aged.

2. Analysis of the feasibility and compatibility of various I & R center roles, including advice, advocacy, counseling, community education, and of alternative methods of I & R center operation.

3. Examination of potential contributions of a network of information and referral centers to the planning of human services for the aged at the community, state, and Federal levels.

4. Development of operational models for I & R centers. The primary vehicle for supporting the planning function will be a set of standard reporting requirements for I & R centers to meet the need for planning data.

5. Development of methods to assist in the implementation of a network of I & R centers. One or more models of a complete information and referral center will be developed. A demonstration project will be used to test the value of the models.

The preliminary analyses mentioned in the first three goals are documented in the reports *Information and Referral Centers: A Functional Analysis* (Long, Anderson, Burd, Mathis, and Todd, 1971) and *Information and Referral Services: An Annotated Bibliography* (Bolch, Dewey, and Long, 1972). Work on the fourth and fifth goals is partially documented in a series of manuals about the delivery of I & R services (see Long, Reiner, and Zimmerman, 1973; Cushing and Long, 1973; and Tessari, Zimmerman, Yonce, and Long, 1974) and in the report *Information and Referral Services: Evaluation Design for a Network Demonstration* (Long and Yonce, 1974).

RESEARCH QUESTIONS

Specialized I & R Services for the Aging

After the preliminary analyses had been completed, a number of questions remained which could only be answered through an additional research effort. Most important was the question of whether or not there should be specialized I & R centers for the aging. During the 1960's the United States Public Health Service awarded 38 grants to projects involving information and referral (Department of Health, Education, and Welfare, 1967). The majority of these grants were for three-year demonstrations to provide specialized I & R services to the aged and chronically ill. In the later 1960's the Administration on Aging funded a number of projects which included information and referral services for the aged under Title III of the Older Americans Act of 1965.

A report on Project FIND titled *The Golden Years. . . A Tarnished Myth* by the National Council on Aging (1970) recommended the establishment of information and referral services for the aging as a high priority of all communities.

However, none of the reports from these projects gave a clear definitive answer to the question of whether specialized I & R services for the aging were more effective in linking the elderly to needed services than general I & R services.

Staff Requirements for Providing I & R

A second issue which had not been resolved in the preliminary analyses was the level of education and experience necessary for individuals to provide I & R services. Some evidence (Hampton Roads Health Information-Referral Planning Center, 1968; REAL Service, 1969) suggested that individuals with little or no college education could be effective I & R personnel, provided a good resource file was available for their use. However, historically I & R services evolved through social-service agencies, and a number of individuals engaged in the delivery of I & R services were social workers with advanced university degrees in social work. Many of these individuals felt strongly that graduate training in social work was a necessary prerequisite for anyone to provide I & R services.

I & R and Planning

Finally, the testing of standard reporting requirements for the investigation of the contribution of I & R services to comprehensive human services planning for the aging required a number of sites operating at various levels of government. The members of the I & R Center Study project staff recommended a demonstration of an I & R network as a means to observe potential problems in developing and administering standard reporting requirements for I & R centers. The data which would be acquired could be aggregated at different levels and would yield information about the strengths and weaknesses of such data for use in planning for the aging.

In addition, a demonstration with multiple sites would provide an opportunity to gather comparative data about the other issues which had been identified as important in considering the delivery of I & R services to the aging: the impact of categorical versus general I & R centers in reaching and serving the aging; the effect of program enhancements such as escort, follow-through, and outreach in improving the connection of the older person in need of services with the appropriate provider; and the quality of I & R service with reference to the educational background of the I & R specialist.

CRITERIA FOR SELECTING A STATE FOR THE DEMONSTRATION

Project staff members developed a number of criteria to serve as the basis for selecting a state to undertake a two-year demonstration program of an I & R network. The first criterion consisted of five demographic variables. A state meeting this criterion would have the following characteristics: (1) a geographic area of around 56,000 square miles; (2) a population of about 2,500,000; (3) with about 70% of the population living in non-rural areas; (4) the density of the state's population would be about 50 people per square mile; and (5) about 10% of the total population would be age 65 or over. Such a state would be representative of a large number of states in the U.S.A.

The second criterion was composed of four variables concerning the state's performance in the delivery of human services:

1. Federal expenditures in the state for public services (including welfare, educational, and social services);
2. State expenditures for public services;
3. Compliance with existing Federal standards in the areas of health, education, and welfare; and
4. Per capita income and taxation.

A third criterion by which states were evaluated was the experience within the state of delivering information and referral services, as evidenced by the existence of I & R centers throughout the state. Based on these three sets of criteria, four states were recommended to a Federal task force headed by the project officer from the Administration on Aging for consideration in awarding a grant to undertake the demonstration: Florida, Minnesota, Washington, and Wisconsin.

The fourth criterion recommended for evaluating the states was the interest of the state agency on aging, which would have administrative responsibility for operating the demonstration program. This interest was ascertained by task force members through site visits to the four states. As a result of considering all four of these criteria, the "Wisconsin Information and Referral Demonstration Project" was funded under

Title IV grant number 93-P-75179/5, for a two and one half year period beginning March 1, 1972. A brief overview of the demonstration project is given in the booklet "*WIS: An I & R Network*" (Long, 1972).

THE WIS DEMONSTRATION

During the time period of March through July of 1972, job and position descriptions were written for all professional and administrative positions for the demonstration program (see Appendix A),[*] and people were hired to fill them.

Site Selection of Centers

In April, 1972, guidelines were developed for potential sponsoring agencies to submit proposals to the Division on Aging of the Wisconsin Department of Health and Social Services for funds to participate in the demonstration project (Appendix B). A memo was sent out by the Division on Aging to some four hundred human service agencies in Wisconsin which were thought to have a possible interest in participating in the demonstration and which had some previous experience in information and referral activities.[+] This memo was followed up by a proposal briefing meeting conducted by staff from the Division on Aging and Inter-Study. Fifteen proposals were submitted to the Division on Aging as a result of these efforts. Site visits were then made by staff members from InterStudy and the state office of the Wisconsin Information Service (WIS) during the month of August to assess the strengths and weaknesses of each applicant (see Appendix C).

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[*] *All appendices in this report are presented in a separate volume, Appendix 2.*

[+] *As part of a larger survey of resources for the elderly, conducted in 1971, the Division on Aging had developed a list of facilities throughout the state which provided information and referral services as either part of or all of their programs of services (Johnson and Sennett, 1973).*

A task force composed of representatives from different agencies in the state government (see Long, 1972, pp 4-5) then reviewed all proposals and the reports of the site visit team. In addition to the points covered in the documents contained in Appendices B and C, a major consideration in determining site selection was that a diversity of settings in which to operate the I & R programs be selected. Good distribution between rural and urban locations was sought. An effort was made to select sites so that as much of the state as possible would be reached by the program. Four sites were to be located in branch or district offices of the Social Security Administration, so the availability, location, and geographic coverage of these offices were taken into account as the other applications were reviewed.

Eight grants were awarded in late August, 1972. The four Social Security Administration sites did not become fully staffed to begin operation until January of 1973. Discussions between agencies from both the public and private sectors delayed consideration of an application from Milwaukee until the Spring of 1973. The center in Milwaukee was funded in June, 1973, and began service to the public in December, 1973. Descriptions of the areas served by each center are given in Appendix D.

Demonstration Period

Contracts were signed with each host agency, and staff were hired in September. A formal training program in resource-file development techniques was provided in mid-October, and work began immediately thereafter to develop resource files for each of the centers. The first center opened its doors for direct service to the public on February 28, 1973. A formal training program in interviewing and information-giving in the I & R setting was conducted for the staff of all centers in late March, 1973. The exact date of each center's initiation of direct service to the public is shown in Table 1.[*] The map in Figure 1 shows the location and coverage of each demonstration center.

Formal training programs in methods of outreach and escort and follow-through were conducted in September, 1973, for the staff members of the centers which introduced these program variations. In October four of the centers began provision of escort and follow-through services, and four others began provision of outreach services. The center at Green Bay discontinued the outreach componment in December due to the resignation of the outreach staff from the VISTA program at the University of Wisconsin in Green Bay. (Three volunteers from VISTA had agreed to work with the Green Bay center in the outreach program for the year.)

The demonstration phase of WIS formally ended on September 30, 1974. Although the program variations of outreach and escort were discontinued after that date, the overall WIS program was continued intact [with the exception of the Reedsburg center (03) which was closed at the end of September, 1974] by the Division on Aging through June 30, 1975. Efforts to secure continuing funds for the WIS network from the state were unsuccessful, however, and the state office was closed on June 30, 1975. Two of the state office staff members continued on a temporary basis with the Division on Aging to provide training and technical assistance to the Area Agencies on Aging, which were establishing I & R programs in response to the requirements of Title III of the Older Americans Act Amendments of May, 1973. The majority of the remaining state staff personnel moved to other positions within the state government.

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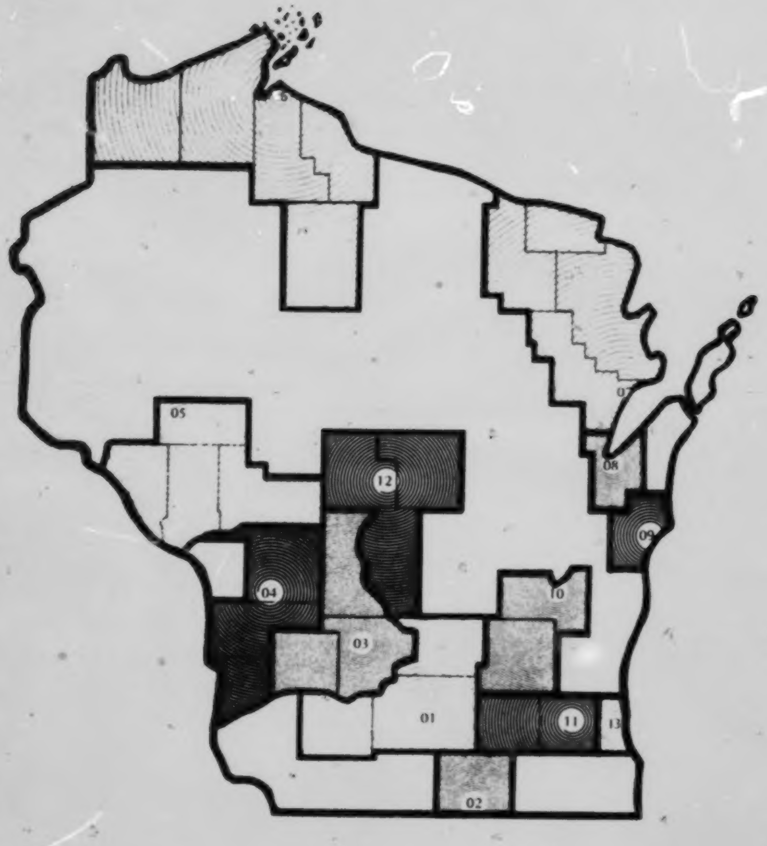
[*] *All tables in this report are contained in a separate volume, Appendix 1.*

FIGURE 1: WIS Center Locations During the Demonstration

The WIS Network



01 **Wisconsin Information Service**
Located in Social Security Administration Office
Madison
Serving Dane, Columbia, and Iowa Counties
608 233 1314

02 **Rock Information Service**
Information and Referral Service for All Human Needs
Beloit
Serving Rock County
608 364 4486

03 **Information and Referral Service**
Counseling Center
Reedsburg
Serving Juneau, Richland, and Sauk Counties
608 524 4359

04 **Cashton I & R Center**
Cashton
Serving Crawford, Monroe, and Vernon Counties
608 386 5111

05 **Western Dairyland Information & Referral Center**
Eau Claire
Serving Buffalo, Eau Claire, Jackson,
and Trempealeau Counties
715 834 8781

06 **Wisconsin Information Service**
Northwest Wisconsin Community Action Program
Ashland
Serving Ashland, Bayfield, Douglas, Iron,
and Price Counties
715 682 8175
(Direct line from Superior to Ashland 392 6169)

07 **Wisconsin Information Service**
Northeast Wisconsin Community Action Agency
Oconto
Serving Florence, Forest, Marinette,
and Oconto Counties
414 834 4877

08 **Wisconsin Information Service**
United Community Council of Brown County
Green Bay
Serving Brown County
414 432 2991

09 **Manitowoc Advisory and Referral Service**
Manitowoc
Serving Manitowoc County
414 682 8215

10 **Wisconsin Information Service**
Located in Social Security Administration Office
Fond du Lac
Serving Fond du Lac and Dodge Counties
414 923 1170

11 **Wisconsin Information Service**
Located in Social Security Administration Office
Waukesha
Serving Waukesha and Jefferson Counties
414 547 6770

12 **Wisconsin Information Service**
Located in Social Security Administration Office
Wisconsin Rapids
Serving Wood, Portage, and Adams Counties
715 421 1050

13 **Milwaukee Component of Wisconsin Information Service**
Washington Park Information Service for the Aging
and
Project Involve Central Administration
Milwaukee
Serving Milwaukee County
414 933 6540

Post-Demonstration Period

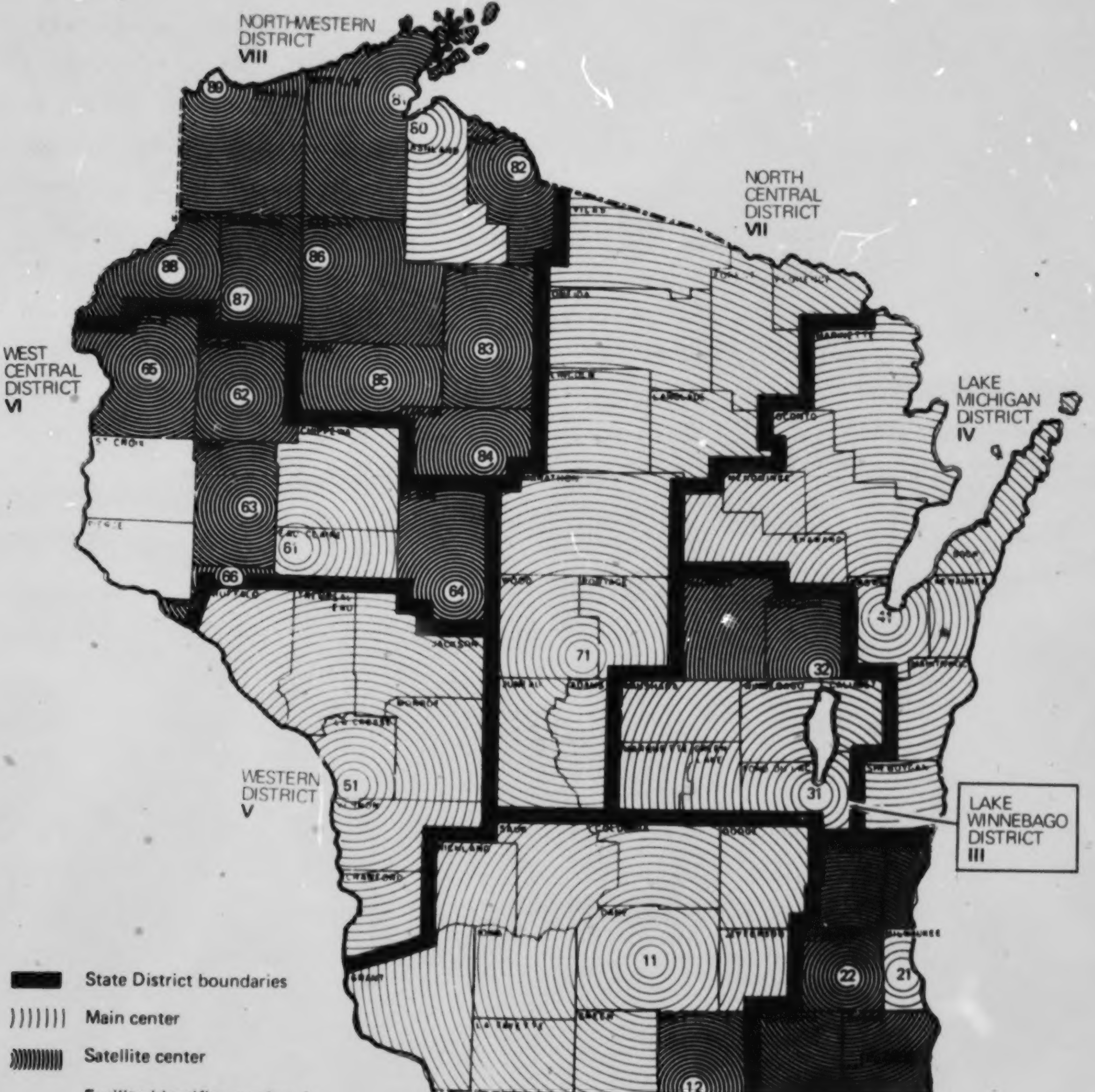
In April, 1975, the Bureau of Planning and Analysis, Department of Health and Social Services, undertook a study of WIS. Tentative recommendations from this study proposed the establishment of a departmental Task Force on Information and Referral to assist the Department of Health and Social Services in the formulation of an overall policy concerning delivery of I & R services in the State of Wisconsin. However, in the late summer of 1975 it was decided by the Department of Health and Social Services not to follow through on this recommendation.

At the substate level, several of the WIS centers continued with the support of local resources. In many cases the former sponsor joined with Area Agencies on Aging, county departments of social services, and other community facilities to provide a funding base to continue the WIS offices that were established during the demonstration. The post-demonstration reorganization of the WIS network is shown in Table 2, and is illustrated in Figure 2.

The WIS demonstration had two purposes: to provide a needed service to the residents of Wisconsin, particularly those residents who were elderly; and to evaluate the program in order to obtain information about several issues concerning the delivery of I & R services to the aging through a network of coordinated I & R centers.

It is almost impossible to give a definitive evaluation of how successfully the first purpose was met--to provide a needed service to the elderly residents of Wisconsin. The numbers and statistics contained in the rest of this report do not completely tell the story. Although testimonials do not constitute a data base from which solid generalizations can be made, they do enliven the cold facts and figures accumulated through research. For this reason, a brief analysis and sampling of comments about WIS which were written by users of

Figure 2: WIS Center Locations After June 30, 1975


NORTHWESTERN DISTRICT VIII
NORTH CENTRAL DISTRICT VII
WEST CENTRAL DISTRICT VI
LAKE MICHIGAN DISTRICT IV
WESTERN DISTRICT V
LAKE WINNEBAGO DISTRICT III
SOUTHERN DISTRICT I
SOUTHEASTERN DISTRICT II
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12
State District boundaries
Main center
Satellite center

Facility identifier number is placed at approximate location of facility, in the middle of the concentric circles that cover the service area. (See also Table 2.)

the WIS service are included in Appendix E of this report. The second purpose of the demonstration--to evaluate the program for information about the delivery of I & R services to the aging--is addressed in the balance of this report.

CHAPTER 2: Formative-System Evaluation

The I & R Center Study was planned to be conducted in three phases: (1) to identify issues concerning delivery of I & R services and to develop a model program for the delivery of I & R services to the aging; (2) to prepare a series of manuals as guidelines for implementing the program; and (3) to test the program through a demonstration and to evaluate the results. The development and implementation of a program evaluation methodology became the focus of the final work phase of the InterStudy project staff members.

What appeared to be a straight-forward social science research problem soon became much more complex. The original intent of the demonstration phase of the project was to gather research data about several aspects of the delivery of I & R services to the aging. However, even as the arrangements for the demonstration program were being worked out, it became apparent that the traditional social science controlled experiment was not a feasible methodology to approach this task. Although the concept of the quasi-experimental design introduced by Campbell and Stanley (1966) offered some useful insights into approaches that might be used for gathering some data from the demonstration program (see Chapter 5), the general approach for the overall program evaluation had to go beyond a social science research methodology.

BACKGROUND: POLICY ANALYSIS AND PROGRAM EVALUATION

In a book dealing with the general question of "whether or not Federal social agencies can utilize social science research to improve their programs and policies aimed at reducing poverty. . . [p. xi]" Williams (1971) makes a basic conceptual distinction between policy analysis and research: "The former is a means of synthesizing information to draw from it policy alternatives and preferences stated in comparable quantitative and qualitative terms as a basis or guide for policy decisions; conceptually it does not include the gathering of information [p. 13]." Williams defines research as "all studies using scientific methodologies to describe phenomena and/or to determine relationships among them [p. 13]."

Rossi (1972) further clarifies the distinction between policy analysis and evaluation:

> On the one hand, there is the broad class of problems to which economists mainly have addressed themselves, under the heading of policy analysis, concerned with

> working out ways of making informed and intelligent decisions among alternative social policies. It is this broad problem area with which the methodology of the cost-benefit model and its derivatives is concerned. On the other hand, there is the problem of evaluation, determining the effectiveness of particular social policies, i.e., the extent to which the policies accomplish intended effects. Evaluation has been mainly the concern of the behavioral and social scientists, particularly sociologists and psychologists, and the main methodological model used is the controlled experiment and its derivatives.
>
> Although policy analysis and evaluation are addressed to distinctly different problems, it is obvious that they are complementary. The best circumstances under which to conduct policy analyses would be when the effectiveness of **alternative** social policies are known through evaluation research. Correspondingly, the effectiveness of a program is only one item of information to go into the judgement of whether a particular program is worthwhile [p. 16]. . .

Due to the general lack of basic data, policy alternatives concerning I & R had not yet been formulated by the Administration on Aging, nor were specific policy decisions pending concerning I & R at the time the demonstration phase of the I & R Center Study began.* From the perspective of the project staff, a strict policy analysis would have been an inappropriate methodological approach to be used. Therefore, the decision was made to

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**Policy decisions did become pertinent in the mid-1970's after Federal legislation was passed by Congress requiring the provision of I & R services to the elderly [Older Americans Comprehensive Services Ammendments of 1973, P. L. 93-29, Section 305(a) (7) and Section 304(c) (3)]. Some of these decisions are reflected in Federal Regulations concerning this legislation (Department of Health, Education, and Welfare, 1974), and in various Program Instructions (AoA-PI-74-35, May 16, 1974; AoA-PI-75-2, July 10, 1974; AoA-PI-75-9, August 28, 1974; and AoA-PI-75-13, October 31, 1974) and Information Memoranda (AoA-IM-75-10, August 28, 1974; AoA-IM-75-19, November 1, 1974; AoA-IM-75-72, May 13, 1975) issued by the Administration on Aging.*

emphasize a program evaluation approach in gathering research information about I & R. This decision was arrived at jointly by the project staff and the Administration on Aging.*

The choice to emphasize a program-evaluation approach to monitor the demonstration program raised other pertinent issues for the project staff. Primarily these issues centered around the nature of program evaluation itself. Examination of a number of books and articles about program evaluation (Caro, 1971; Schulberg, Sheldon, and Baker, 1969b; Suchman, 1967; and Weiss, 1972a, 1972b) all led to the disappointing conclusion that there was no single methodological approach to program evaluation which was accepted by either the scientific community or by the consumers of evaluation research.

Subsequent to the initiation of the Wisconsin Information Service demonstration in 1972, the Administration on Aging funded several other grants and contracts for further work in policy-related areas concerning the delivery of I & R services to the aging: "A Study of the Quality of the Organization Structure of Information and Referral Services Presently Operating:" Applied Management Sciences; "Cost Benefit Models for Information and Referral Systems for Older Persons:" Cooper and Company; "A Study of Perspectives of Related Benefits of Age-Segregated Versus Age-Integrated Information and Referral Services:" Applied Management Sciences; "Information and Referral Configuration Alternatives: A Generalized Procedure for Establishing Service Alternatives and Selecting a System Configuration for Design and Implementation:" South Carolina Commission on Aging (see also Hohenstein & Banks, 1974); "Documentation of Information and Referral System (Norfolk):" Health-Welfare-Recreation Planing Council (Gilbert, 1975); "TIE-LINE, State-Wide Information and Referral System:" Georgia Department of Human Resources (1974).

BACKGROUND: BASIC RESEARCH AND EVALUATION RESEARCH

Generally, distinctions are drawn between basic research and evaluation research: Evaluation research is not considered as seeking new knowledge (James, 1962; Suchman) but rather as research to determine the degree of success with which a program achieves predetermined objectives (James; Schulberg, Sheldon, and Baker, 1969a; and Suchman). Weiss (1972b) catalogues a number of differences between evaluation and other research:

> What distinguishes evaluation research is not method or subject matter, but intent--the purpose for which it is done.
>
> *Use for decision making.* Evaluation is intended for use. Where basic research puts the emphasis on the production of knowledge and leaves its use to the natural processes of dissemination and application, evaluation starts out with use in mind. In its ideal form, evaluation is conducted for a client who has decisions to make and who looks to the evaluation for answers on which to base his decisions [p. 6].

Imbedded in these efforts to define the substance of evaluation research are two additional issues which have received considerable attention in the literature on program evaluation. One issue is the distinction between "formative" and "summative" evaluation. The other is the distinction between goal-attainment and system models of evaluation.

The formative-summative distinction was first named by Scriven (1967) and then expanded upon by others such as Weiss (1972b):

> Formative evaluation produces information that is fed back during the development of a. . .[program] to help improve it. It serves the needs of the developers. Summative evaluation is done after the. . .[program]is finished. It provides information about effectiveness to. . .decision makers who are considering adopting it. . . .
>
> In practice, evaluation is most often called on

> to help with decisions about improving programs. Go/no-go, live-or-die decisions are relatively rare. . . .
>
> . . .One of the ironies of evaluation practice is that is has performed well at assessment of overall impact, suited to the uncommon go/no-go decision; it is relatively undeveloped in designs that produce information on the effectiveness of comparative strategies [p. 17]. . . .

In emphasizing the utilitarian aspects of evaluation research, with an orientation toward determining the effectiveness of a program or a policy, there is an implicit assumption of a summative evaluation; it will provide a single answer to a single question: Did the program work? Although Weiss suggests this question is rarely raised in practice, the economic decline during the 1970's required funding sources, program administrators, and the public to ask some variants of the "Did it work?" question: How effectively is it working and how efficiently in comparison with the costs of other programs which might receive the funds currently allocated to this program?

Thus, the evaluator may expect to be asked both formative and summative questions about a program. Fortunately, it is not necessary to make an either/or choice between these two approaches. Assuming that a formative evaluation is well-designed, it can yield data and information that will be relevant to questions which fall closer to the summative end of the continuum. Although the words "formative" and "summative" are not used by Campbell (1971) in presenting his concept of the "experimenting society," he comes close to the notion of continuous formative evaluation as a methodological base to be established for all new social service programs. This concept calls upon the social scientist to develop new methodologies which will serve the purpose of continuous evaluation and monitoring of social service programs in order to produce information for program administrators and policy makers. Such an orientation is also recommended by Wildavsky (1972). The idea of an ongoing, continuous evaluation methodology which yields both formative and summative data is a central aspect of the approach developed for evaluating WIS.

BACKGROUND: GOAL MODEL AND SYSTEM MODEL EVALUATION

A second key aspect of the evaluation methodology developed for the WIS program is an effort to follow a system evaluation approach. The distinction between "goal" and "system" models is made by Etzioni (1960) in an article concerned with organizational analysis. In this article Etzioni points out a number of problems in studying organizations from the perspective of the goals proclaimed by and for them. In contrasting a system model with a goal model of an organization, he states of the former that "it is a model of a multifunctional unit. It is assumed a priori that some means have to be devoted to such nongoal functions as service and custodial activities, including means employed for the maintenance of the unit itself" (p. 259). He goes on to say that the "central question in the study of effectiveness is not, 'How devoted is the organization to its goal?' but rather, 'Under the given conditions, *how close does the organizational allocation of resources approach an optimum distribution?*'" (p. 271).

In 1966 Levinson applied Etzioni's distinction between goal and system model views of organizations to the evaluation of social welfare programs. However, in his analysis, Levinson suggests that a goal model approach to evaluation forms an integral part of a system model approach. In the concluding section of his paper, Levinson notes that a "major emphasis in the above discussion is on the difference between the *goal-model* and the *system-model* approach. Yet it is evident that any evaluation which used the system-model must also include several goal-model assessments" (p. 11).

Unfortunately, others writing about program evaluation (Baker, 1974; Schulberg and Baker, 1968; Schulberg et al., 1969a; Weiss, 1972b; Wortman, 1975) tended to ignore the possibility of integrating a goal or goal-attainment and a system approach. Nevertheless, the two models are not conceptually in opposition to each other, and bringing the two together is not impossible. In fact, combining the two approaches has considerable merit.

Goal Model Evaluation

The first step in a goal-attainment evaluation is the specification of program goals or objectives (cf. Weiss, 1972b, chap. 3). As system model advocates point out, most programs have multiple goals, not all of which are ordinarily stated or even acknowledged by program administrators or boards of directors. Thus, specification of goals can in itself be a major hurdle at the beginning of a program evaluation. Nevertheless, the primary importance of this task is generally acknowledged by evaluators following a goal-attainment approach. Suchman likens this activity to that of hypothesis-formulation in basic research undertakings: "An evaluation project may be viewed as a study of change--the program to be evaluated constitutes the stimulus or 'causal' or independent variable, while the desired change is similar to the 'effect' or dependent variable" (p. 38). James recommends the establishment of a hierarchy of objectives, placing them in "an ordered series, each of which is dependent for its existence upon an objective at the next higher level, and each in turn is implemented by means of lower level objectives. In this framework there is a descending order of objectives beginning at the ideal objective and ending at the lowest level at which each task is to be subdivided" (p. 1147).

The development of a formative-system evaluation methodology for WIS first addressed the task of preparing a hierarchy of objectives; this hierarchy is shown in Table 3.* Unlike most programs which have already been in operation when the evaluator is requested to ply his skills, WIS was designed from the start with evaluation as an integral part. The objectives presented in Table 3 were formulated by the same project staff which had been instrumental in designing the program. Thus these evaluators had considerable familiarity with and understanding of the program.

Next to each objective in Table 3 is a statement of one or more assumptions which underlie the objective. As James points out, "every lower level objective must assume all of the assumptions we have made for all of the objectives above it in the scale. . . . There are only two ways one can move up the scale of objectives in an evaluation: (a) by proving the intervening assumptions through research effort, i.e., changing an assumption to a fact, or (b) by assuming their validity without full research proof" (p. 1148). The findings presented in other chapters of this report must be tempered by the knowledge that not all of the assumptions have been proven. The extent to which research evidence supports various assumptions underlying specific objectives is noted in the discussion of each objective.

System Model Evaluation

Objectives stated as tasks which have measurable outcomes make the work of the evaluator less difficult, and facilitate the assessment of the face validity of the evaluation findings. By stating objectives in terms of tasks, it becomes possible to address the major criticism of goal-attainment model evaluation by system model advocates: Functions which serve the custodial and maintenance needs of a program can also be included by being integrated into the hierarchy of objectives. What

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**Table 3 is included in the appendix at the end of this chapter to facilitate reference for this discussion.*

reasonable administrator, policy-maker, or taxpayer could argue that maintenance and survival tasks are not legitimate pursuits of any program? Excellence in the performance of a program's primary functions does not necessarily ensure survival of the program. Some resources must be allocated to other activities that have survival value for the program. In fact, in order to accomplish the central concern of a system model approach (i.e., measurement of resource allocation) it is necessary to consider the distribution of all resources among all program activities, both goal and custodial tasks: If both are not considered, the actual pattern of resource distribution cannot be completely understood.

A re-examination of Table 3 shows that a number of the objectives listed there do not bear a direct relationship to the primary goal activities of an information and referral service. In fact, only five of the objectives are concerned with what is actually considered the primary function of I & R services: providing a direct social service to the public. To facilitiate understanding the breadth of the WIS program goals, the contents of Table 3 are reorganized in Table 4* to show the maintenance objectives as contrasted with the service objectives. A third category of objectives is included to accommodate the long-range or more ideal objectives.

However, the inclusion of maintenance objectives in a hierarchy of program goals only scratches the surface with reference to the implications of a formative-system evaluation approach. In actuality, there have been very few applications of system program evaluation. Although Schulberg et al. (1969a) stress the superiority of the system model, only one study using this model is included in their book of readings on program evaluation. Why should there be so few efforts at system model evaluation? At least three reasons come immediately to mind: First, the concern with the system approach has been primarily

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**Table 4 is included in the appendix at the end of this chapter to facilitate reference for this discussion.*

that of organizational theorists, sociologists, social and industrial psychologists, and not that of program evaluators. As was noted earlier, the introduction of the goal model/system model distinction by Etizioni was in the context of a paper about organizational analysis. More recent efforts to explore the system approach also have focused on the development of theories about organizations and organizational functioning (Berrien, 1968; Hall, 1972, Katz and Kahn, 1966; and Van Gigch, 1974). Thus, although program evaluation may be viewed as a methodology for studying an organization's functioning, it certainly does not occupy a central position in the kinds of analyses undertaken by these organizational theorists, and little work has been done to advance program evaluation along system lines by them.

Second, the set up cost for a formative-system evaluation may be much greater than a more circumscribed analysis which addresses only one or two goals. However this objection can be met if one accepts the formative nature of program evaluation, and distributes the costs over a long period of time as a worthwhile administrative task or objective. Third, a system approach is much more difficult for the evaluator to accomplish.

SYSTEM CONCEPTS APPLIED TO PROGRAM EVALUATION

Basically, a system may be viewed as having five primary functions: (1) obtaining *inputs*,* (2) *encoding activities* to permit transmission of inputs across the *boundary* into the system,

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* *See the Glossary at the end of this chapter for further elaboration of terms in italics.*

(3) maintaining the components of the system, (4) *decoding activities* to permit transmission of *outputs* to the environment, and (5) producing outputs.

By considering these five primary functions as a basis for organizing program objectives, a number of difficulties produced by the hierarchical approach recommended by James can be overcome. First of all objectives can be introduced and removed without seriously disturbing the overall conceptualization of the program, as would happen in a hierarchical construction of program objectives.

(According to James, all objectives are to be connected by assumptions which are interdependent in a hierarchical fashion. Objectives are to progress from concrete tasks to "ideal" goals at higher levels in the hierarchy. Necessary new tasks, particularly of a more custodial nature, may have no direct relationship to objectives at higher levels. To include them would create inconsistencies in the overall program structure.)

Second, the formation of a hierarchy of objectives leading toward an ideal or ultimate goal implies a continuing relationship among objectives at different levels. But in reality, some objectives may only be temporary program activities. For example, the creation of a resource file for an I & R program is a necessary prerequisite for other objectives, such as service delivery. But once accomplished, this objective drops from the I & R program (and maintaining and updating the resource file are added as new objectives). The same is true with other objectives established for WIS, such as implementing a franchise approach (Table 3, III-A) and locating centers to increase use by the aging (Table 3, V-B-3). The use of basic system functions as a means for organizing objectives does not impose the problems of temporal sequencing that a hierarchical approach may require (see Table 5* for a reorganization of the WIS objectives hierarchy into system functions).

**Table 5 is included in the appendix at the end of this chapter to facilitate reference for this discussion.*

And finally, the organization of program objectives around these five basic system functions provides a means for comparing different programs with each other, since these primary functions are applicable to all open systems. Because programs may vary considerably with regard to ideal goals, as well as day-to-day tasks to realize higher-level goals, a hierarchical ordering of goals does not assure the investigator of a basis for comparing one program with another. If goals are formulated for programs according to system functions, the task of developing program objectives for new programs eventually should be facilitated, since there is likely to be considerable overlap among similar kinds of programs (human services programs, for example) with regard to at least some aspects of input obtaining functions and output producing functions. To the extent that some objectives (tasks) are peculiar to certain programs, and others are common across programs, we have a basis for setting normative limits for different kinds of programs, and for determining whether or not resource allocations are acceptable in terms of overall program accomplishments.

Looking at the hierarchy of program objectives in Table 3 from this perspective, and taking into consideration the amount of time spent in the pursuit of these different activities over three consecutive time periods, we can identify one component of a formative-system evaluation: The allocation of system resources to the basic functions of the system (see Table 5). Without normative data, however, one cannot speak to the point of whether this particular pattern of resource allocation is optimal. At present one is only able to describe the resource allocation pattern of one I & R program, WIS.

However, this method for describing resource allocations may have a more general usefulness, not only for evaluating other I & R programs, but for evaluating other social service programs as well. For example, over the 18-month demonstration period, both the state office and the 13 centers spent approximately 13% of their manpower resources in activities associated with obtaining inputs for the system (Table 5). For the centers, almost all of these activities were oriented toward obtaining maintenance inputs (12.5%). Encoding activities occupied over 25% of the centers' efforts, but only 10% of those of the state office. The state office spent almost twice as much effort on systems maintenance and custodial activities as did the centers. This is not surprising, for a major task of the state office was to keep the system functioning through various support (maintenance) services for the centers.

Very little effort was spent on the primary output of direct service by the state office, as contrasted with the steady growth of the centers toward 30% of all staff time being spent in this system function in the last six months of the demonstration. Again, this is in keeping with the overall program design in which the state office was not to be involved in direct service to the public. On the other hand, the 10% of time spent by the state office on decoding functions represents work primarily in the area of data collection and analysis for the second output of providing planning information. The centers spent only 1% of their time in this activity, again according to the overall program design in which data analysis and reporting were to be the primary responsibility of the state office, in order to free the centers to provide direct service of I & R to the public.

Although it is not possible to say whether 22% of manpower resources spent on the direct service output, with 39% going to maintenance and custodial objectives, represents an optimal distribution of resources for I & R centers, these data do provide a basis for describing and monitoring I & R programs. In addition, these data could form the basis for making comparisons between I & R program and other human service organizations. How much time, for example, goes to direct service as contrasted with maintenance activities in county welfare offices, community mental health centers, nutrition programs for the aging, and so on? A formative-system evaluation approach should be helpful in answering such questions.

ADDITIONAL EVALUATION CRITERIA

Analysis of the pattern of resource allocation (effort) in a program is only one criterion for measuring achievement of objectives. James (1962, p. 1151ff) proposes four criteria for evaluation: effort, performance, adequacy of performance, and efficiency. Suchman (1967, pp. 61-67) adds a fifth criterion, process, and describes these criteria in the following manner:

1. EFFORT: "Evaluations in this category have as their criterion of success the *quantity* and quality of activity that takes *place*. This represents an assessment of input or energy regardless of output.
2. PERFORMANCE: "Performance or effect criteria measure the results of effort rather than effort itself. . . . How much is accomplished relative to an immediate goal?
3. ADEQUACY OF PERFORMANCE: "This criterion of success refers to the degree to which effective performance is adequate to the total amount of need. . . . Adequacy is obviously a relative measure, depending upon how high one sets one's goals."
4. EFFICIENCY: "Efficiency is concerned with the evaluation of alternative paths or methods in terms of costs--in money, time, personnel, and public convenience. In a sense, it represents a ratio between effort and performance--output divided by input."

5. PROCESS: This involves the determination of "how and why a program works or does not work. Strictly speaking, this analysis of the process whereby a program produces the results it does is not an inherent part of evaluation research. . . . However, an analysis of process can have both administrative and scientific significance, particularly where the evaluation indicates that a program is not working as expected. . . . 'Making sense' of the evaluative findings is the basic reason for adding a concern with process to the evaluation study. . . . The analysis of processes may be made according to four main dimensions:"

ATTRIBUTES--"Specification of the attributes of the program that make it more or less successful. This type of evaluation attempts to diagnose specific causes of success or failure within the program itself. It requires a breakdown of the component parts of the program and the identification of those aspects which contribute to or detract from the overall effect of the program."

RECIPIENTS--"Which people are most affected by the program? Whom do you succeed in reaching and whom don't you reach? Who makes the best target population for the program--the individual, the group, the public? As end product or as influencer of others?"

CONDITIONS--Under which conditions is the program more or less successful: locale, timing, or auspices.

EFFECTS--"What aspects of the final results are you going to use as your criteria of judgment?" For example, effects of the program might be cognitive, attitudinal, or behavioral with respect to the population involved; they might be multiple or unitary, intentional or unintentional, of long or short duration.

AUDIENCE FOR EVALUATION FINDINGS

Which of these criteria should be used in a formative-system evaluation? The choice depends on the audience of the evaluation. A budget analyst, for example may be concerned only with effort, and possibly performance data (see Nelson, 1975); on the other hand, the policy analyst may be most interested in efficiency data; and the consumer may find data about adequacy of performance the most useful. Campbell (1971) tends to view the evaluator as the servant of the administrator and policy maker, and thus the evaluation findings would be addressed to that audience. Goodwin (1973, p. 103f) takes exception to the evaluator's limiting his audience in this manner, and suggests that evaluation research should be concerned with public accountability of programs, where findings may be studied and challenged by not only other scientists, administrators, and policy makers, but also by the recipients of the services and those who pay for social service programs--the taxpayers.

Believing that Goodwin's position has much merit, it was assumed by the project staff that there would be multiple audiences for the evaluation findings from the Wisconsin Information Service program, particularly as it continued over time and past the demonstration phase. Thus, a careful effort was made to develop a set of criteria for each objective which included all five categories proposed by James and Suchman. This matrix of program objectives and evaluation criteria for the WIS program is presented in Appendix G.*

In summary, then, a formative-system evaluation methodology was developed for the Wisconsin Information Service. This methodology has the following characteristics:

1. It organizes program objectives according to five primary functions of a system: obtaining inputs, encoding inputs, maintaining system components, decoding outputs, and producing outputs.

**Appendix G is also included in the appendix at the end of this chapter for convenience of reference.*

2. Program goals are broadly defined to permit inclusion of objectives which are concerned with custodial and maintenance aspects of the program, as well as objectives related to program ideals and those concerned with day-to-day tasks.

3. The evaluation is formative in nature, gathering and organizing data for the purpose of providing feedback on a continuing basis to administrators, staff, and others interested in the program. Evaluation is viewed as a process rather than a time-limited event.

4. Multiple criteria are used whenever possible to evaluate program objectives. These criteria include measures of effort, performance, adequacy of performance, efficiency, and process. Priorities are set among specific objective-criterion measures in order to guide the development of specific data-gathering instruments.

5. The rigor of social science experimental methodology is used whenever feasible.

6. Multiple audiences are assumed for the evaluation findings, and findings are communicated in language appropriate to the different audiences being addressed.

7. A stance of public accountability is maintained by the evaluator both in the gathering of data and in the presentation of findings.

APPENDIX FOR CHAPTER 2

APPENDIX TO CHAPTER 2

32-C	Table 3.	Hierarchy of WIS Program Objectives and Assumptions.
32-F	Table 4.	WIS Program Objectives Reorganized to Illustrate Ideal, Service, and Maintenance Objectives.
32-H	Table 5.	WIS Objectives Organized According to Basic System Functions.
32-I	Appendix G.	Program Objectives and Evaluation Criteria for the Wisconsin Information Service.
33	Glossary	An Elaboration of Some System Concepts.

Table 3: Hierarchy of WIS Program Objectives and Assumptions

INFORMATION AND REFERRAL: CENTRAL OFFICE LEVEL

Objectives	Underlying Assumptions
I **Long-Range:**	
Formulate policy concerning the best methods for helping individuals gain access to human services.	■ *There exists at present no comprehensive policy for optimizing th access of individuals to the providers of human services.* ■ *The formulation of such a policy is of high priority.*
II **Intermediate:**	
A Investigate the I & R network concept as one method of helping individuals gain access to human services.	■ *Multiple methods of helping individuals gain access to human services exist.* ■ *Of these methods, the I & R network concept is among the more promising.*
B Identify and develop the potential of the I & R network for contributing to the planning of human services.	■ *An I & R network has the potential for contributing to the planni. of human services.*
III **Immediate:**	
A Implement the franchise approach to create a network of I & R centers.	■ *The franchise approach is an effective way of avoiding unnecessary duplication in the provision of I & R services.*
B Encourage the use of volunteers and nonprofessionals in the delivery of I & R services.	■ *Volunteers and nonprofessionals can deliver I & R services effectively.*
C Provide support services to develop and continue the I & R network operations:	
1 provide formal training for the staffs of network I & R centers;	■ *In order to orient local I & R staff to the objectives of the network program and acquaint them with the day-to-day routines of developin and maintaining an I & R center, the central office must provide formal training.*
2 provide continuing supervision and consultation (including in-service training) to the staffs of network I & R centers;	■ *Because professional consultation may not always be available at the center level, the central office must assume this responsibility.*
3 provide evaluation and feedback to individual centers.	■ *Continuing evaluation and feedback are effective methods of assessing and improving the quality of I & R service delivery.*
D Collect and analyze data:	
1 collect, assemble, and process information generated by participating I & R centers;	■ *Participating I & R centers will cooperate in providing complete and accurate data to the central office.*
2 analyze and interpret data collected from centers to provide pertinent information to planners at the state level.	■ *Data obtained from network operations are potentially useful to planners of human services at the state level.*
E Serve as a focal, coordinating point for all I & R programs not participating in the network.	■ *Coordination will help eliminate unnecessary duplication of services.* ■ *Coordination will facilitate information exchange among participants and thus lead to improvement in the quality of I & R services.*

INFORMATION AND REFERRAL : CENTER LEVEL

Objectives	Underlying Assumptions
IV **Long-Range:**	
A Increase the access to and the use of health and social services for users and potential users of the I & R center.	■ *Existing health and social services have the capacity for improving the quality of life of individuals who are in need.* ■ *Many individuals in need of health and social services do not use them.* ■ *A major reason individuals in need do not use existing health and social services is that there are barriers that prevent them from reaching such services. These barriers include:* *(a) lack of knowledge about services;* *(b) negative attitudes about services; and* *(c) concrete obstacles in getting to services such as:* *– ill health,* *– lack of transportation,* *– lack of financial resources, and* *– lack of interpersonal skills to deal with service personnel.*
B Provide reports about services and service needs that will enable service planners to make more rational recommendations about policy and changes in programs.	■ *It is possible to identify the specific kinds of data that are relevant to human services planners.* ■ *The recommendations of planners have a significant impact on decision-makers involved in developing service programs.*
V **Intermediate:**	
A Develop and use an advisory board.	■ *Advisory board representatives can help disseminate knowledge of the center's goals and activities in the community.* ■ *Advisory board representatives can provide valuable community feedback and guidance to the centers.* ■ *Advisory board members can help ensure widespread and continuing community support for the center.*
B Increase public awareness of the existence of human service facilities, including the I & R center:	■ *Some segments of the population have either no information or incorrect and incomplete information about human services that may be available to them; many persons in such subpopulations cannot be reached by less active methods.*
1 provide case-finding services (outreach);	■ *Case-finding is an effective method of directing the attention of these segments of the population to facilities and services that may be of use to them.*
2 provide publicity for the I & R center;	■ *Publicity is an effective method for directing the attention of the general public and certain specified segments of the population to facilities and services that may be of use to them.*
3 locate centers to increase their use by specific segments of the population.	■ *Physical location may determine which segments of the population use the I & R center.*
C Provide reports about services and needs that will enable local agencies and service planners to make more useful recommendations about day-to-day agency operations.	■ *Planners need feedback about day-to-day operations to make more useful recommendations.* ■ *Feedback information is more complete when data are generated both internally and externally to the agency.* ■ *The I & R center, as one external data source, has the potential to provide information useful to human service agencies regarding the impact of their day-to-day operations on the people the I & R center serves.*

Objectives	Underlying Assumptions
VI **Immediate:**	
A Create and maintain a resource file:	
1 gather facility information;	▪ *The information about community facilities and their services will enable the I & R center to give accurate information and make appropriate referrals.* ▪ *The SEARCH Inventory is an appropriate tool to collect these data.*
2 set up resource file;	▪ *Information gathered from facilities must be readily and accurately retrievable if it is to be of use in providing I & R services to the community.* ▪ *The recommended filing system is a convenient and efficient method to set up a resource file.*
3 update resource file on a continuing basis.	▪ *An up-to-date resource file increases the accuracy and thus the quality of the I & R service that a center can provide.*
B Develop and maintain facility interest and cooperation.	▪ *The objectives of the I & R center will be more easily met if good relationships are developed and maintained with community facilities.*
C Obtain and use a panel of local professional consultants whenever possible.	▪ *It is possible that situations may sometimes arise in daily I & R operations that are beyond the competence of nonprofessionals.*
D Operate the I & R center:	
1 provide accurate, up-to-date information about community health and social services;	▪ *An I & R center is capable of identifying a caller's problem and matching it with an appropriate community service.*
2 provide referrals to facilities for those callers who need them;	▪ *Community facilities will accept referrals.* ▪ *A formal referral will increase the probability that a caller will use appropriate services.*
3 provide follow-through services to those callers who received referrals and to other callers who, in the opinion of the I & R specialist, have need of this service;	▪ *Follow-through increases the probability that a caller will use appropriate services.*
4 provide escort services to those who wish to receive escort; these services consist of:	▪ *Escort services will increase the probability that a caller will use appropriate services.*
a transportation to facilities,	▪ *Lack of adequate transportation is a major barrier preventing the elderly from obtaining needed services.*
b a companion to help negotiate initial contact with facilities.	▪ *It is reasonable to include transportation services as a component of an I & R center's program.* ▪ *Fearful expectations, uncertainty, and the lack of interpersonal skills are major barriers that prevent elderly persons from obtaining needed human services.* ▪ *A companion who can serve as an advocate for such an elderly person can diminish or eliminate these barriers. It is reasonable that the general I & R program include a service that supplies a companion or advocate to those who need such help.*
E Collect data on callers' needs and demographic characteristics	▪ *Accurate data about callers' needs and demographic characteristics will help I & R centers to determine whether or not they are reaching the kinds of people they want to reach.*
F Collect data on callers' service experience, including that of the I & R center.	▪ *Accurate data about callers' experience with service facilities will enable facilities to be more helpful to those they serve.*

Table 4: WIS Program Objectives Reorganized to Illustrate Ideal, Service, and Maintenance Objectives

A. Ideal Objectives

I Long-Range

Formulate policy concerning the best methods for helping individuals gain access to human services.

II Intermediate

- A Investigate the I & R network concept as one method of helping individuals gain access to human services.
- B Identify and develop the potential of the I & R network for contributing to the planning of human services.

IV Long-Range

- A Increase the access to and the use of health and social services for users and potential users of the I & R center.

B. Service Objectives

VI Immediate

- D Operate the I & R Center:
  - 1 Provide accurate, up-to-date information about community health and social services.
  - 2 Provide referrals to facilities for those callers who need them.
  - 3 Provide follow-through services to those callers who received referrals and to other callers who, in the opinion of the I & R specialist, have need of this service.
  - 4 provide escort services to those who wish to receive escort; these services consist of:
    - a transportation to facilities,
    - b a companion to help negotiate initial contact with facilities.

V Intermediate

- B Increase public awareness of the existence of human service facilities, including the I & R center:
  - 1 provide case-finding services (outreach).

C. System Maintenance Objectives

Selection/Location of Centers

III Immediate

- A Implement the franchise approach to create a network of I & R centers.

V Intermediate

- B Increase public awareness of the existence of human service facilities, including the I & R Center.
  - 3 locate centers to increase their use by specific segments of the population.

Staffing, Training & Supervision

III Immediate

- B Encourage the use of volunteers and nonprofessionals in the delivery of I & R services.

III Immediate

- C Provide support services to develop and continue the I & R network operations.
  - 1 provide formal training for the staffs of network I & R centers.
  - 2 provide continuing supervision and consultation (including in-service training) to the staffs of network I & R centers

Community Acceptance

- III Immediate
  - E Serve as a focal, coordinating point for all I & R programs not participating in the network.
- V Intermediate
  - A Develop and use an advisory board.
  - B Increase public awareness of the existence of human service facilities, including the I & R center.
    - 2 Provide publicity for the I & R center.
- VI Immediate
  - B Develop and maintain facility interest and cooperation.
  - C Obtain and use a panel of local professional consultants whenever possible.

Data Collection and Feedback

Internal Evaluation

- III Immediate
  - C Provide support services to develop and continue the I & R network operations.
    - 3 Provide evaluation and feedback to individual centers.
- VI Immediate
  - F Collect data on callers' service experience, including that of the I & R center.

Human Services Planning

- III Immediate
  - D Collect and analyze data.
    - 1 Collect, assemble, and process information generated by participating I & R centers.
    - 2 Analyze and interpret data collected from centers to provide pertinent information to planners at the state level.
- IV Long-Range
  - B Provide reports about services and service needs that will enable service planners to make more rational recommendations about policy and changes in programs.
- V Intermediate
  - C Provide reports about services and needs that will enable local agencies and service planners to make more useful recommendations about day-to-day agency operations.
- VI Immediate
  - E Collect data on callers' needs and demographic characteristics.

Resource File Development and Maintenance

- VI Immediate
  - A Create and maintain a resource file.
    - 1 Gather facility information
    - 2 Set up resource file.
    - 3 Update resource file on a continuing basis.

Table 5: WIS Objectives Organized According to Basic System Functions, with Percent of Time Spent on Task-Related Efforts for Three Consecutive Six-Month Periods Beginning April, 1973

Objectives(a)		4/73–9/73		10/73–3/74		4/74–9/74		Total 4/73–9/74	
		State(b)	Centers(c)	State	Centers	State	Centers	State	Centers
		12,598	35,552	12,316	49,237	11,774	44,071	36,687	128,775
Input	Total	10.75%	22.25%	13.0%	10.25%	15.0%	9.25%	13.75%	13.25%
Maintenance	Sub-Total	4.0	21.5	2.5	9.5	3.0	8.5	4.0	12.5
II-A: Investigate I & R Network		--	--	--	--	--	--	--	--
VI-A-1: Gather Facility Information		3.0	16.5	.5	3.5	--	1.5	1.0	6.5
VI-A-3: Update Resource File		--	3.0	--	4.0	1.0	5.0	1.0	4.0
VII-A: Obtain Resources(d)		1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Signal	Sub-Total	6.75	.75	10.5	.75	12.0	.75	9.75	.75
III-D-1: Collect Data		2.25	.25	3.5	.25	4.0	.25	3.25	.25
VI-E: Collect Needs Data		2.25	.25	3.5	.25	4.0	.25	3.25	.25
VI-F: Collect Evaluation Data		2.25	.25	3.5	.25	4.0	.25	3.25	.25
Encoding Inputs	Total	14.0	24.5	6.5	24.5	6.0	26.5	10.0	25.5
III-A: Franchise Approach		--	--	--	--	--	--	--	--
III-B: Use Volunteers		--	--	--	--	--	--	--	--
III-E: Coordinate I & R		--	--	--	--	--	--	--	--
V-A: Advisory Board		--	1.0	--	1.0	1.0	1.0	1.0	1.0
V-B-1: Case-Finding (Outreach)		--	--	--	14.0	--	18.0	--	12.0
V-B-2: Publicity		9.0	5.0	4.0	4.0	--	4.0	5.0	4.0
V-B-3: Center Location		--	--	--	--	--	--	--	--
VI-A-2: Set up Resource File		3.0	16.5	.5	3.5	--	1.5	1.0	6.5
VI-B: Facility Interest		2.0	2.0	2.0	2.0	5.0	2.0	3.0	2.0
VI-C: Professional Consultants		--	--	--	--	--	--	--	--
Maintenance/Custodial	Total	63.0	34.0	65.0	42.0	66.0	32.0	66.0	39.0
III-C-1: Formal Training		2.0	3.0	4.0	5.0	2.0	3.0	3.0	4.0
III-C-2: Supervision		21.0	9.0	18.0	10.0	20.0	8.0	21.0	9.0
III-C-3: Feedback		2.0	--	3.0	--	1.0	--	2.0	--
VII-B: Clerical Support (d)		15.0	8.0	15.0	8.0	13.0	8.0	14.0	8.0
VII-C: Maintain Offices (d)		11.0	7.0	11.0	5.0	12.0	4.0	11.0	6.0
VII-D: Miscellaneous (d,e)		12.0	7.0	14.0	14.0	18.0	12.0	15.0	12.0
Decoding Outputs	Total	8.25	1.25	12.5	2.25	9.0	.25	10.25	1.25
II-B: I & R Network: Planning		--	--	--	--	--	--	--	--
III-D-2: Analyze Data		1.5	--	2.5	--	1.5	--	2.0	--
IV-B: Policy Reports		3.0	1.0	4.0	2.0	2.0	--	3.0	1.0
V-C: Operations Reports		3.75	.25	6.0	.25	5.5	.25	5.25	.25
Output	Total		16.0	1.0	20.0	1.0	29.0	--	22.0
I: Policy About Access		--		--	--	--	--	--	
IV-A: Increase Service Access		--	--					--	--
VI-D-1: Information-Giving and									
VI-D-2: Referrals		--	16.0	1.0	20.0	1.0	27.0	--	21.0
VI-D-3: Follow-through		--	--	--	--	--	1.0	--	--
VI-D-4: Escort/Transportation		--	--	--	--	--	1.0	--	1.0

NOTE: The data reported in this table are for all paid staff who worked in the WIS Network between April 1, 1973 and September 30, 1974.

a See Table 3.

b State Office Staff.

c Centers 1-13. N.B., Center 13, Milwaukee, began operation in June, 1973. June-November 1973 were spent primarily in resource file development by that center.

d Not in original list of program objectives.

e Percentages reported here may reflect either the degree of "waste" or non-productive effort on the part of staff (i.e., sick leave, vacations, and holidays).

APPENDIX G: Program Objectives and Evaluation Criteria for the Wisconsin Information Service

Appendix G contains a matrix that relates objectives with criteria for determining the attainment of each objective. Estimates of the feasibility of measuring each criterion are indicated by numbers in brackets([1] = high feasibility); high priority status of an objective-criterion intersection is shown by an asterisk next to the feasibility rank. Small Roman numerals have been used where more than one criterion is listed in a single cell of the matrix to simplify references to the table.

LONG-RANGE OBJECTIVES – I & R NETWORK OFFICE

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
I Formulate policy concerning the best methods for helping individuals gain access to human services.	i [4] *Man hours spent in policy research in this area* ii [4] *Cost of policy research in this area*	[3] *Policy formulated in this area*	i [4] *Acceptance of policy by those charged to implement it* ii [4] *Improvement of the quality of life of individual citizens of our society*	[4] *Utility of this approach in terms of time and cost as compared with alternative methods of policy development*	[4] *Those attributes of the policy formulation process and its product that contribute to acceptance or rejection*

INTERMEDIATE OBJECTIVES – I & R NETWORK OFFICE

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Efforts	Performance	Adequacy of Performance	Efficiency	Process
II-A Investigate the I & R network concept as one method of helping individuals gain access to human services.	i [3] *Man hours spent in initiation, operation, and ongoing evaluation of an I & R network* ii [1] *Cost of these activities*	[1] • *An operating I & R network*	[3] • *Determination of the feasibility and desirability of this method for helping individuals gain access to human services*	[4] *Comparison of this method with alternative methods of helping individuals gain access to human services*	i [3] • *Factors that contribute to success or failure of the investigation* ii [3] • *Demographic characteristics of the population exposed to the program* iii [3] • *Conditions affecting success or failure (timing, locale, auspices)* iv [3] • *Effects of investigation intended or unintended*
II-B Identify and develop the potential of the I & R network for contributing to the planning of human services.	i [4] • *Man hours spent in this activity* ii [4] *Cost of this activity*	[1] • *Report or statement about the potential*	[4] • *Capacity of an operating I & R network to contribute to the planning of human services*	[4] • *Comparison of the I & R network capacity with other inputs to the planning process*	[4] • *Characteristics of the network that contribute significantly to the planning process*

IMMEDIATE OBJECTIVES – I & R NETWORK OFFICE

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
III-A **Implement the franchise approach to create a network of I & R centers**	i [4] *Man hours spent in identifying existing I & R centers and encouraging participation in the network* ii [4] *Cost of this activity*	[2] *Number of I & R centers identified*	[3] *Proportion of network I & R centers which existed before joining the network (adjusted for locales where there were no pre-existing centers)*	i [4] *Time per center to bring it into the network* ii [4] *Cost per center to bring it into the network*	i [4] *Identification of successful approaches to get centers to join* ii [3] *Characteristics of existing centers which join or do not join the network* iii [4] *Conditions affecting an existing center's decision to join or not join* iv [4] *Effects of network membership on acceptance and utilization by the public*
III-B **Encourage the use of volunteers and non-professionals in the delivery of I & R services.**	i [3] *Man hours spent in promoting use of volunteers and non-professionals* ii [3] *Cost of this activity*	i [1] • *Number of volunteers working in each center* ii [1] • *Number of non-professionals working in each center*	i [1] • *Proportion of total man hours that are provided by volunteers in each center* ii [2] • *Proportion of total man hours that are provided by non-professionals in each center*	[3] *Alternative methods of promoting utilization of volunteers and non-professionals*	[3] • *Comparisons among professional, non-professional, paid, and volunteer staff in respect to performance of various I & R activities, (accuracy of referrals, client feedback, etc.)*
III-C **Provide support services to develop and continue the I & R network operations:**					
1 **Provide formal training for the staffs of network I & R centers;**	i [1] *Man hours spent in training* ii [1] *Cost of training*	i [1] *Number of training sessions* ii [1] *Number of persons trained*	i [2] • *Evaluation of training sessions by trainees* ii [4] *Adherence of local staff to state guidelines*	i [1] *Time per session* ii [1] *Cost per session* iii [1] *Number of training days* iv [3] *Alternative methods of training staff*	i [2] *Attributes of training program (films, role playing, lectures, readings) that contribute to success or failure* ii [3] *I & R centers most/least responsive* iii [2] *Conditions affecting success or failure (distance from network office, personnel, location, auspices)* iv [4] *Effects of training program on I & R centers in terms of program effectiveness and quality*

IMMEDIATE OBJECTIVES – I & R NETWORK OFFICE

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
III-C (continued) **Provide support services to develop and continue the I & R network operations:**					
2 **Provide continuing supervision and consultation (including in-service training) to the staffs of network I & R centers;**	i [2] * *Man hours spent in supervision and consultation* ii [2] * *Cost of supervision and consultation*	i [3] *Number of consultations (visits, phone calls, etc.; adjust for local consultation)* ii [4] *Number of persons consulted* iii [4] *Feedback to network office from centers*	i [4] *Changes in I & R staff activities* ii [3] *Changes in network guidelines and standards*	i [2] *Time for consultation per center* ii [2] *Cost for consultation per center* iii [4] *Alternative methods of improving I & R staff activities* iv [3] *Alternative methods of improving network guidelines*	i [3] *Attributes of consultation that lead to improvement of staff activities and network guidelines (frequency, kind -phone, personal interview, etc.)* ii [3] *I & R centers most/least responsive* iii [3] *Conditions affecting success or failure (distance, personnel, location, auspices)* iv [4] *Effects of support functions on I & R centers and on network office*
3 **Provide evaluation and feedback to individual centers.**	i [3] *Man hours spent in evaluation feedback* ii [3] *Cost of this activity*	[2] *Evaluation feedback to centers: (a) written reports (b) conferences (at various levels) (c) newsletter*	i [4] *Changes in operations of network I & R centers* ii [3] *Changes in operational materials and instructions, including: (a) standards (b) guidelines (c) manuals* iii [3] *·Evaluation by centers of feedback information*	i [3] *Evaluation feedback time per center* ii [3] *Evaluation feedback cost per center*	i [3] *Attributes of evaluation components which result in improvement of center operations* ii [3] *Characteristics of centers most/least responsive to evaluation process* iii [2] *Conditions affecting success or failure (timing, auspices, etc.)* iv [4] *Effects of evaluation process on centers (center operations, staff, etc.)*

III-D Collect and analyze data:					
1 Collect, assemble, and process information generated by participating I & R centers;	i [2] • *Man hours spent in this activity** ii [2] • *Cost (including data processing costs) of this activity*	[1] *Summary reports*	i [3] *Completeness of reports* ii [3] *Adequacy of reports*	i [2] *Time per report* ii [2] *Cost per report*	i [2] • *Identification of strengths and weaknesses of data reporting system* ii [2] *Characteristics of network centers that facilitate or impede process* iii [2] *Conditions affecting reporting information by centers* iv [3] • *Identification of positive and negative effects attributable to the data reporting process*
2 Analyze and interpret data collected from centers to provide pertinent information to planners at the state level.	i [2] *Man hours spent preparing and disseminating such information (including reports, testimony, etc.)* ii [2] *Cost of this activity*	i [1] *Number of presentations (reports, conferences, consultations, testimony, etc.)* ii [2] *Scope of clientele*	i [3] *Proportion of potential audience reached* ii [4] • *Policy recommendations which make use of such information*	i [3] *Time per presentation (report, testimony, etc.)* ii [3] *Cost per presentation (report, testimony, etc.)* iii [3] *Alternative methods of preparing and disseminating information* iv [4] *Alternative methods of influencing planners*	i [3] • *Attributes of information dissemination procedures which make it useful to planners* ii [3] • *Characteristics of those receptive to information* iii [2] • *Conditions affecting reception and use of information* iv [4] • *Effects of use of information on the process of providing that information*
III-E Serve as a focal, coordinating point for all I & R programs not participating in the network.	i [3] • *Man hours spent in coordination activities* ii [2] • *Cost of these activities*	i [2] *Number of centers contacted* ii [2] • *Number of centers coordinating with network*	i [2] *Proportion of non-network I & R programs contacted* ii [2] • *Proportion of non-network I & R programs contacted that are coordinated with network*	i [3] *Time per contact* ii [2] *Cost per contact* iii [4] *Alternative methods of coordinating I & R programs*	i [2] • *Components of the network program with which other centers are willing to coordinate* ii [2] • *Kinds of centers willing (or not willing) to coordinate (e.g., auspices, location, population served)* iii [2] • *Conditions required by other centers if coordination is to take place* iv [3] *Effects of coordination on community, other I & R programs, network (types of calls, volume of calls, characteristics of callers, etc.)*

LONG-RANGE – SINGLE I & R CENTER

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
IV-A Increase the access to and the use of health and social services for users and potential users of the I & R center.	i [2] • *Man hours spent in I & R activities* ii [3] • *Cost of I & R activities*	i [1] • *Number of people receiving I & R services* ii [1] • *Number of I & R center users who go on to use other agency services*	[1] • *Proportion of I & R center users who need other agency services and who go on to use them*	i [2] • *Time per I & R center user* ii [2] • *Cost per I & R center user* iii [4] *Alternative methods of providing people with access to agencies (e.g., increased correct referrals in established I & R centers which adopt our model reduced number of misreferrals to agencies from other sources)*	i [3] . *Attributes which contribute to success or failure* ii [3] *Recipients -- characteristics of those who are and who are not reached* iii [3] *Conditions affecting success or failure (I & R center location, auspices, hours open, etc.)* iv [3] *Effects on community, agencies, I & R center. (Knowledge, attitude, behavior.) Duration of such effects. Side effects.*
IV-B Provide reports about services and service needs that will enable service planners to make more rational recommendations about policy and changes in programs.	i [3] *Man hours spent in consultation with planners and decision-makers* ii [3] *Man hours spent in report production and dissemination* iii [2] *Cost of each*	i [1] *Number of special reports, etc., prepared for planning* ii [3] *Number of consultation contacts*	i [4] • *Uses to which I & R data are put by planners* ii [4] *References to such data in recommendations by planners* iii [4] • *Policy changes attributable to I & R data*	i [3] *Time per report or consultation, etc.* ii [2] *Cost per report or consultation, etc.* iii [4] *Alternative methods for gathering data* iv [4] *Alternative methods for influencing decision-makers (e.g., political rather than analytical considerations)*	i [3] • *Attributes which contribute to acceptance or rejection of I & R data* ii [4] *Recipients those who do and who do not use data* iii [3] • *Conditions affecting success (timing, political climate, local economic situation)* iv [3] • *Effects on community, agencies, I & R center, center-agency relationships. Duration of such effects. Side effects.*

INTERMEDIATE OBJECTIVES – SINGLE I & R CENTER

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
V-A Develop and use an advisory board.	i [1] *Man hours devoted to advisory board activities* ii [1] *Cost of advisory board activity*	[1] *Existence of an advisory board*	i [2] *Number of meetings with advisory board* ii [3] *Evaluation of help given by the advisory board*	i [1] *Time spent preparing for board meetings* i [1] *Time spent in board meetings* i [3] *Cost of board meetings*	i [3] *Attributes of board that make it helpful or not helpful* ii [4] *Conditions affecting success of board contributions (members' contacts, influence, etc.)* iii [3] *Unexpected effects of board contributions*
V-B Increase public awareness of the existence of human service facilities, including the I & R center:					
1 Provide case-finding services (outreach);	i [2] • *Man hours spent in case-finding, including supervisory time* ii [2] • *Cost of case-finding activities*	i [1] • *Geographic area covered* ii [1] • *Number of attempted contacts* iii [1] • *Number of persons actually contacted in geographic area* iv [1] • *Number of contacted persons identified as in need of human services*	i [2] • *Proportion of persons in geographic area who are actually contacted* ii [1] • *Proportion of persons contacted who accept I & R service* iii [2] • *Demographic differences of population accepting I & R services through case-finding efforts from population of those initiating contact · I & R center*	i [2] • *Time per contact* ii [2] • *Cost per contact* iii [3] *Alternative methods of outreach*	i [2] *Attributes of outreach program which contribute to success or failure* ii [2] • *Recipients – characteristics of those unreachable; of those who reject I & R service* iii [3] *Conditions affecting success or failure (geographic area selected, timing, etc.)* iv [2] • *Effects on population canvassed, agencies, I & R center. (Knowledge, attitude, behavior.) Duration of such effects. Side effects.*

INTERMEDIATE OBJECTIVES – SINGLE I & R CENTER

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
V-B (continued) Increase public awareness of the existence of human service facilities, including the I & R center:					
2 Provide publicity for the I & R center;	i [3] *Man hours spent in developing publicity materials* ii [3] *Man hours spent in monitoring publicity* iii [1] • *Man hours spent disseminating publicity* iv [1] • *Cost of disseminating publicity*	i [2] *Media measurements (e.g., spots on T.V., radio; newspaper inches)* ii [1] *Number of publicity items distributed*	[3] • *Proportion of I & R center contacts resulting from different kinds of publicity efforts*	i [3] *Time per publicity item* ii [2] *Cost per publicity item* iii [2] *Alternative methods of publicizing I & R center*	i [3] • *Attributes of publicity program which contribute to success or failure* ii [3] • *Recipients characteristics of those who respond to publicity* iii [3] *Conditions affecting success or failure* iv [2] *Effects on community, agencies, I & R center (knowledge, attitude, behavior); duration of such effects; side effects*
3 Locate centers to increase their use by specific segments of the population.	[1] • *Physical location of some centers in settings more likely to attract certain identifiable segments of the population. (e.g., in senior centers)*	[1] • *Proportions of population segments served by centers located in different settings*	[2] • *Relative proportions of population segments served across centers in different settings*	i [3] • *Cost of locating centers in different settings* ii [3] • *Alternative methods of increasing utilization by certain groups (e.g., publicity, outreach)*	i [3] *Attributes of center location that lead to increased utilization by certain groups* ii [2] • *Recipients characteristics of population segment attracted to different locations* iii [3] *Conditions affecting success or failure of location in different settings* iv [3] *Effects of location in different settings*

V-C **Provide reports about services and needs that will enable local agencies and service planners to make more useful recommendations about day-to-day agency operations.**	i [3] *Man hours spent in report production and dissemination* ii [2] *Cost of report production and dissemination*	[1] *Number of reports prepared*	[1] *Number of requests for reports*	i [3] *Time per report* ii [2] *Cost per report* iii [3] *Alternative methods of data dissemination* iv [4] *Alternative methods of influencing planners*	i [3] *Attributes which contribute to acceptance or rejection of reports* ii [4] *Recipients -- those who do and do not use reports* iii [3] *Conditions affecting success or failure (auspices of I & R center, timing, etc.)* iv [4] • *Effects on community, agencies, I & R center, center-agency relationships. Duration of such effects. Side effects.*
VI-A **Create and maintain a resource file:**					
1 **Gather facility information;**	i [2] • *Man hours spent in obtaining information (correspondence, phone calls, questionnaire administration, interview, etc.)* ii [2] • *Cost of gathering facility information*	[1] • *Number of facilities on whom service information was gathered*	i [1] • *Proportion of facilities contacted on which data were gathered* ii [3] • *Completeness of facility information* iii [3] • *Accuracy of facility information*	i [2] • *Time per facility contact* ii [2] • *Cost per facility contact* iii [4] *Alternative methods for gathering data (e.g., different instruments, method of contact)*	i [2] *Attributes of data-gathering instruments which contribute to success or failure* ii [2] *Qualities of I & R staff which encourage or inhibit agency cooperation.* iii [2] *Facilities which do and do not cooperate* iv [3] *Conditions affecting success or failure (auspices of I & R center, timing of data-gathering, etc.)* v [3] *Effects on facilities in terms of their attitudes about the I & R center*
2 **Set up resource file ;**	i [2] • *Man hours spent in setting up resource file* ii [2] • *Cost of setting up resource file*	[1] • *Completed resource file*	i [3] *Completeness of file* ii [3] *Accuracy of file*	i [2] *Time per entry into file* ii [2] *Cost per entry into file* iii [3] *Alternative filing systems* iv [3] *Alternative equipment*	i [2] • *Attributes of filing system and equipment which contribute to success or failure* ii [2] • *Staff problems in setting up resource files* iii [3] *Conditions affecting success or failure* iv [1] • *Effects on information retrieval*

IMMEDIATE OBJECTIVES – SINGLE I & R CENTER

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	*Performance*	Adequacy of *performance*	*Efficiency*	Process
VI-A (continued) Create and maintain a resource file.					
3 Update resource file on a continuing base.	i [3] *Man hours spent in updating file (phone calls, correspondence, etc.)* ii [3] *Cost of updating resource file*	i [1] • *Number of facility files updated each month* ii [2] *Number of new facilities added to file each month*	i [3] *The degree to which facility information is current* ii [1] • *Proportion of facilities responding to update requests* iii [3] *Proportion of new facilities identified and added to resource file during each update period*	i [2] • *Time per update* ii [3] *Cost per update* iii [3] *Alternative methods for updating (e.g., different frequency or kind of contact)*	i [3] *Attributes of updating methods which contribute to success or failure* ii [2] *Facilities which do and do not cooperate. Facilities which cooperate passively (respond to calls) or actively (spontaneously inform I & R center of change)* iii [3] *Conditions affecting success or failure (auspices of I & R center, timing of inquiries, kinds of contact, etc.)* iv [2] *Effects on relations with facilities*
VI-B Develop and maintain facility interest and cooperation.	i [4] *Man hours spent in conversation and correspondence with facility contacts (explaining program, exchanging information, follow-through, etc.)* ii [4] *Cost of this activity*	i [2]- *Number of facilities personally contacted* ii [3] *Number of contacts per facility*	i [3] *Proportion of facilities in area contacted* ii [2] *Perceived cooperativeness of facilities*	i [4] *Time spent in special efforts in these areas* ii [4] *Cost per special effort in these areas* iii [4] *Alternative methods of developing and maintaining interest and cooperation*	i [4] *Attributes of method used which contribute to success or failure* ii [3] *Qualities of I & R staff which encourage or inhibit facility interest and cooperation* [2] *Facilities that do and do not become interested and cooperative* iii [4] *Conditions affecting success or failure (auspices of I & R center, timing of contacts, etc.)* iv [4] *Effects on success of referrals or follow-through and of efforts to update file*

VI-C **Obtain and use a panel of local professional consultants whenever possible.**	i [3] *Time spent in seeking and using professional consultants*	[1] *Number of consultants used by I & R center*	i [2] • *Frequency with which each consultant is used* ii [4] *Assessment of the quality of help provided by each consultant*	i [2] *Time per consultation* ii [2] *Cost per consultation* iii [3] *Cost of consultation per caller*	i [3] *Characteristics of consultants which are considered most helpful (e.g., professional experience, familiarity with community)* ii [2] *Kinds of callers requiring consultation; characteristics of staff using consultants* iii [4] *Conditions affecting success or failure of consultation* iv [4] *Effects of consultation on staff, public acceptance of center*
VI-D **Operate the I & R center:**					
1 Provide accurate, up-to-date information about community health and social services;	i [3] • *Man hours spent in information-giving, including supervision* ii [2] • *Cost of providing information only*	[1] • *Number of callers receiving information only*	i [2] • *Appropriateness of information* ii [2] • *Proportion of callers who acted on information by seeking service* iii [3] • *Quality of service received by those who sought it*	i [3] • *Time spent per caller* ii [2] • *Cost per caller*	i [2] • *Attributes which contribute to success or failure (categories of information sought, quality of resource file, efficiency of retrieval system, etc.)* ii [2] • *Recipients – demographic characteristics of those seeking information* iii [4] *Conditions affecting success or failure (I & R center location, auspices, hours open, etc.)* iv [4] *Effects on I & R center users, facilities, I & R center*
2 Provide referrals to facilities for those callers who need them;	i [3] • *Man hours spent in providing referral, including supervision* ii [3] • *Cost of providing referral*	[1] • *Number of callers receiving referral*	i [1] • *Proportion of callers referred who kept referral appointments* ii [1] • *Proportion of referrals that were appropriate.* *An appropriate referral is defined as one in which the individual is accepted for service by the facility to which he is referred. (This is determined by caller and facility evaluation of referral)*	i [3] • *Time spent per referral* ii [3] • *Cost per referral*	i [2] • *Attributes which contribute to success or failure (categories of problems, quality of resource file, kinds of agencies to which referrals are made)* ii [2] • *Recipients – demographic characteristics of those receiving referral* iii [2] • *Conditions affecting success or failure (I & R center location, auspices, hours open, etc.)* iv [3] *Effects on I & R center users, facilities, I & R center*

IMMEDIATE OBJECTIVES – SINGLE I & R CENTER

Statement of Objectives	Criteria for Determining the Attainment of Each Objective				
	Effort	Performance	Adequacy of performance	Efficiency	Process
VI-D (continued) Operate the I & R center:					
3 Provide follow-through services to those callers who received referrals, and to other callers who, in the opinion of the I & R specialist, have need of this service;	i [1] • *Man hours spent in follow-through, including supervision* ii [1] • *Cost of providing follow-through*	[1] • *Number of callers receiving follow-through*	i [1] • *Proportion of those earmarked for follow-through who actually were contacted* ii [1] • *Proportion of those who received follow-through service and had not contacted facility, who then went on to contact facility*	i [1] • *Time spent per follow-through* ii [1] • *Cost per follow-through contact* iii [3] *Alternative methods of follow-through*	i [2] *Attributes which contribute to success or failure* ii [1] • *Recipients characteristics of those having taken no action (including their reasons); characteristics of those acting after follow-through encouragement and those not acting* iii [1] *Conditions affecting success or failure (time of contact hour, day, or season; kind of contact, etc.)* iv [3] *Effects on I & R center users, facilities, I & R center*
4 Provide escort services to those who wish to receive escort; these services consist of: a transportation to facility, b a companion to help negotiate initial contact with facilities.	i [1] • *Man hours spent in providing escort service* ii [2] • *Cost of providing escort service*	i [1] • *Number of those contacting center who are offered service* ii [1] • *Number of those contacting center who make use of this service*	i [1] • *Proportion of those offered escort service who accept* ii [1] • *Proportion of those using escort services who receive agency services (as compared with proportion who do not use escort (a) who were not offered it, and (b) who were offered escort and declined)*	i [1] • *Time spent per escort unit* ii [2] • *Cost per escort unit*	i [2] • *Attributes of each aspect of escort service which contribute to success or failure* ii [2] • *Recipients characteristics of those who do and who do not accept escort service* iii [2] • *Conditions affecting success or failure (I & R center location, auspices, personnel, etc.)* iv [2] *Effects on I & R center users and on I & R center effectiveness*

VI-E Collect data on callers' needs and demographic characteristics.	i [4] *Man hours spent in obtaining information and filling out record forms* ii [4] *Cost of collecting data*	i [1] • *Number of caller interview forms completed* ii [1] • *Number of needs identified* iii [1] • *Number of User Surveys returned with usable demographic information*	i [1] • *Completeness of data* ii [4] *Accuracy of data*	i [1] • *Time spent per caller* ii [1] • *Cost per caller* iii [3] *Alternative methods of gathering and recording information on callers' needs*	i [2] • *Attributes of data-recording instruments which contribute to success or failure* ii [2] *Ability of I & R staff to elicit desired information* iii [3] *Characteristics of callers who do and who do not exhibit resistance to reveal certain kinds of information* iv [2] *Conditions affecting success or failure (I & R center auspices, etc.)* v [2] *Effects on I & R center users and on I & R center's public image.*
VI-F Collect data on callers' service experience, including that with the I & R center.	i [2] *Man hours spent in data collection.* ii [2] *Cost of data collection:* *(a) staff time* *(b) postage and materials* *(c) phone costs*	i [1] • *Number of User Surveys returned with usable service experience information*	i [2] *Completeness of data* ii [3] *Accuracy of data* iii [1] • *Percent of callers from whom usable data is collected*	i [4] *Cost-return for data collection*	i [2] *Factors contributing to success or failure of collecting such data (e.g., mail-phone)* ii [2] *Demographic descriptions of respondents and non-respondents* iii [3] *Conditions affecting success or failure (e.g., demographics by problem tyoe, etc.)* iv [3] *Unintended effects (e.g., inadvertant service follow-through)*

GLOSSARY: An Elaboration of Some System Concepts

Kuhn (1974) defines some 35 terms which are related to the concept and analysis of systems. His definitions are generally used in the following, although not all of his terms are presented here.

System	A *system* is "any pattern whose elements are related in a sufficiently regular way to justify attention" (p. 21). Thus, the system is in the eye of the beholder, or the one whose attention has been attracted by a pattern of elements.

Element "An *element* is any identifiable entity--concrete or abstract, object or event, individual or collective--such as an electron, a person, a point,. . . ."

Pattern "A *pattern* is any relationship of two or more elements. The elements can be related repeatedly, directly, and in the real world,. . . . Or they can be related infrequently, indirectly, or in the imagination alone, ..."

The concept of a system is quite arbitrary. A system is a heuristic tool. It is not necessarily a representation of the real world. Systems are devices for organizing concepts about sets of things which bear some relationship to each other. Elements may be included and removed from a system at the convenience of the investigator in order to facilitiate his understanding of a particular problem that he is trying to solve (see also Hall and Fagen, 1968, p. 83).

Subsystem
Suprasystem
Environment

The components of a system may themselves be systems. In such cases, the components are called *subsystems* of the larger system which is called the *suprasystem*. "A hierarchy of systems is any relation between systems in which one is a subsystem or [suprasystem] relative to another system" (p. 28). Those elements outside of a system form the *environment* of the system.

Boundary "The *boundaries* of a system are logically defined by listing all the components of the system; any elements not listed are construed as falling outside of the system. . . . Whether elements not in the system should be ignored or be listed as part of the environment depends on whether they are relevant to the problem under study. . .in the sense we are dealing with them the boundaries of a system are determined solely by the investigator and with reference to a particular problem" (p. 25). In some cases real, spatial boundaries may be described for a system; but this is not a necessary condition for defining a boundary. The boundary is simply a dividing mechanism for specifying which elements are in the system and which are not.

Input

An "*input* is any movement of information or matter-energy from the environment across the boundaries and into an acting system [a pattern, two or more elements of which interact]. . . . An input necessarily modifies the system in some way" (p. 27).

Maintenance Signal

Berrien makes these further helpful distinctions about inputs "Maintenance inputs are those which energize the system and make it ready to function, while signal inputs are those which provide the system with information [or materials] to be processed. . . . Signal inputs are those which the system accepts for processing--comparing, combining, or separating--to produce an output delivered to the suprasystem" (p. 25f).

Output

[An] "*output* is any movement of information or matter-energy from any acting system across its boundaries to the environment. . . . Any output necessarily modifies the environment in some way" (Kuhn, p. 27). Berrien adds that outputs, like inputs, are of two classes: "products useful to the suprasystem [or environment], and wastes or products that are useless. . . . Each system must, if it is to survive, deliver products that are acceptable to its environment. If the products are unacceptable, either the producing system itself takes on a different state. . . or the environment operates in such a fashion that the system is destroyed" (p. 27f).

Encoding
Decoding

In order for information or matter-energy to enter a system as an input or to leave the system as an output, a filtering action (Berrien p. 21ff) may be necessary. The raw input may have to be processed, reorganized, or transformed in some way before it can enter the system. We may speak of activities which prepare an input so that it may cross the boundary of the system as *encoding* functions. By the same token, the action of the system on inputs once within the system may alter their substance greatly. Further processing may be required in order for the substance to exit from the system as an output which will be useful to the environment or suprasystem. These activities may be referred to as *decoding* functions.

Closed System
Open System

Finally, we may note that systems may be open or closed. According to Kuhn, "a *closed system* is a system in which interactions occur only among components of the system. There are no inputs from or outputs to the environment of either information or matter-energy. An *open system* is a system that receives inputs from or releases outputs to its environment--that is, it is influenced by and influences its environment" (p. 28).

CHAPTER 3: Information and Referral Services Viewed from A System Perspective

SECTION I: The Place of Information and Referral in the Service Delivery System

In addition to being helpful in formulating a program evaluation methodology, the system concepts presented in Chapter 2 may be used to define the general characteristics of information and referral services. Although the historical roots of information and referral services in the United States have been traced back as far as the 1870's (Williams, 1964), the real growth of I & R centers in this county did not begin until the 1960's. In 1965, Bloksberg and Caso (1967) received a contract from the U. S. Public Health Service to develop a directory of information and referral centers in the United States. These investigators immediately encountered a problem of determining which agencies should be included in the survey. The problem arose because of the pervasiveness of information-giving and referral activities that take place in most social service agencies. In a certain sense, almost any human service agency may be viewed as an I & R service.

TWO ORGANIZATIONAL STRUCTURES FOR AN I & R SERVICE

To delimit the organizations which were of interest for inclusion in a directory of I & R centers, Bloksberg and Caso proposed five criteria for judging whether or not an information and referral service should qualify for inclusion in their study:

> (1) The information and referral service must be an organized service. (2) It must have at least one part-time paid staff person working at the service. (3) The staff must be formally designated to conduct the service. (4) The agency must maintain an accurate file of agencies and services available in the community. And (5) the agency or sub-unit of it must provide information and referral services as its primary task [p. 62].

These criteria force the assumption that an I & R service must be an organizational structure. I & R as a task or function within an organization is excluded by these criteria. It is the purpose of this chapter to reintroduce the idea of I & R as a task within a program of services, and to question the merits of viewing I & R as an organizational structure.

Independent Agency

As an organizational entity, an I & R center may be either an independent agency or a sub-unit of an agency (according to Bloksberg and Caso's fifth criterion). In both instances the I & R center may be viewed as a *subsystem** of a larger system.

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* *See the Glossary at the end of Chapter 2 for further explanation of terms in italics.*

In the case of the I & R center which is an independent agency, the components of the *suprasystem* may be defined as all human service facilities in a particular geographic area. The I & R center is one of these components and each, including the I & R center, is a subsystem of the delivery suprasystem.

Sub-Unit of an Agency

In the case of the I & R center which is a sub-unit of an agency (such as a county department of social services, an area agency on aging, or a senior citizens center), the suprasystem of the I & R center is the agency itself, and the agency is a subsystem of the delivery suprasystem. These two organizational arrangements for an I & R center are shown in Figures 3 and 4. In Figure 4, a county welfare department is the suprasystem for the I & R subsystem; other components of the county welfare department system may be financial assistance and transportation subsystems. The remaining agencies in the delivery suprasystem are viewed as the *environment* for the I & R sub-unit, and are not included in its suprasystem.

COMPONENTS OF AN I & R SYSTEM

People

At a very elementary level of conceptualization, the components of an I & R system may be defined as people and information. The people in the I & R system should have certain attributes: The abilities to listen to other people and to encourage them to talk; to translate what is heard into a precise request for help; to identify where the needed help can be found; to inform and motivate others to contact the identified source of help. A different set of attributes may also be desirable: The abilities to listen to other people; to translate what is heard into information about help and services available; to organize and

FIGURE 3. I & R CENTER AS A SUBSYSTEM OF THE DELIVERY SYSTEM: INDEPENDENT ORGANIZATION

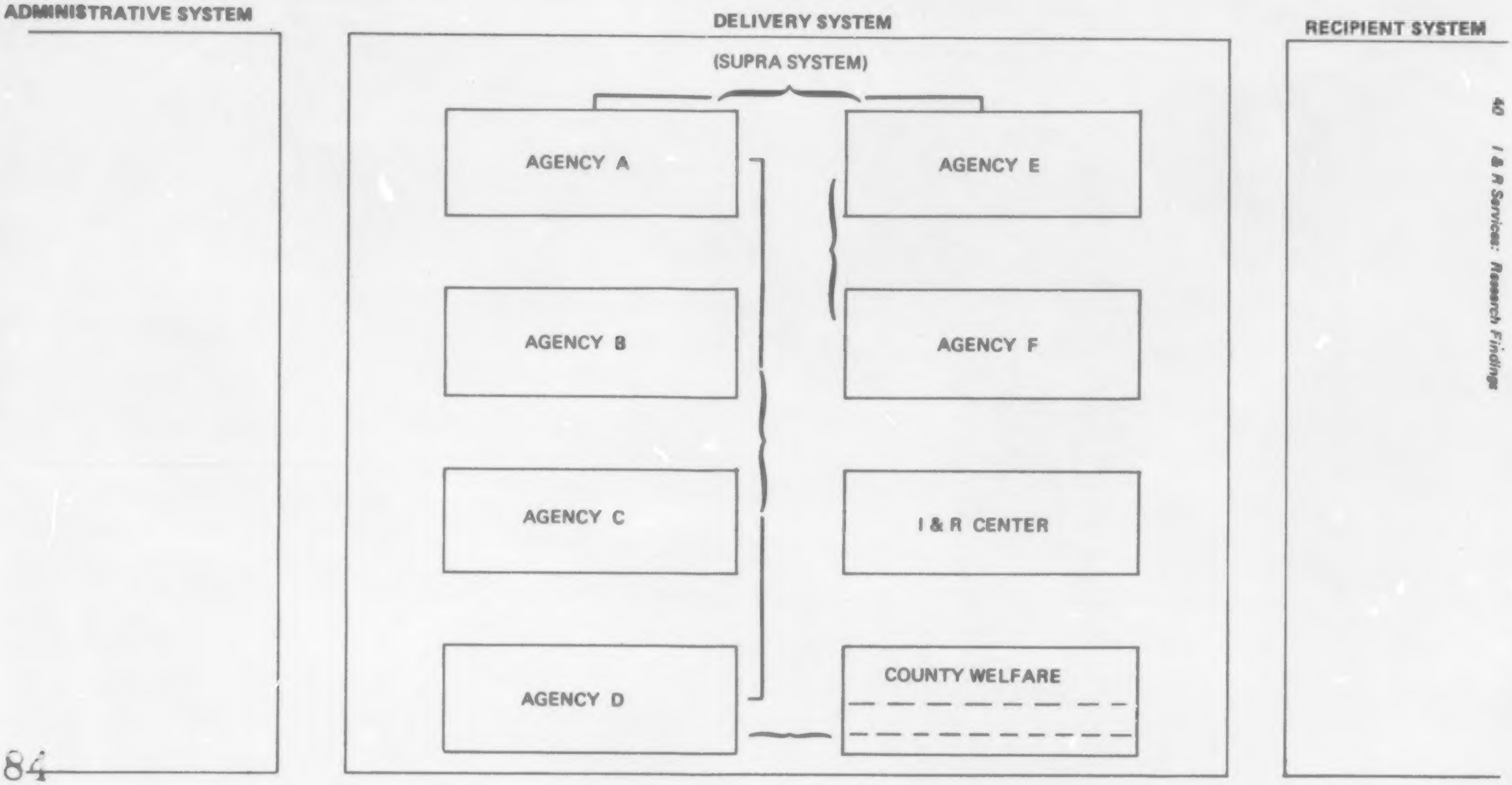
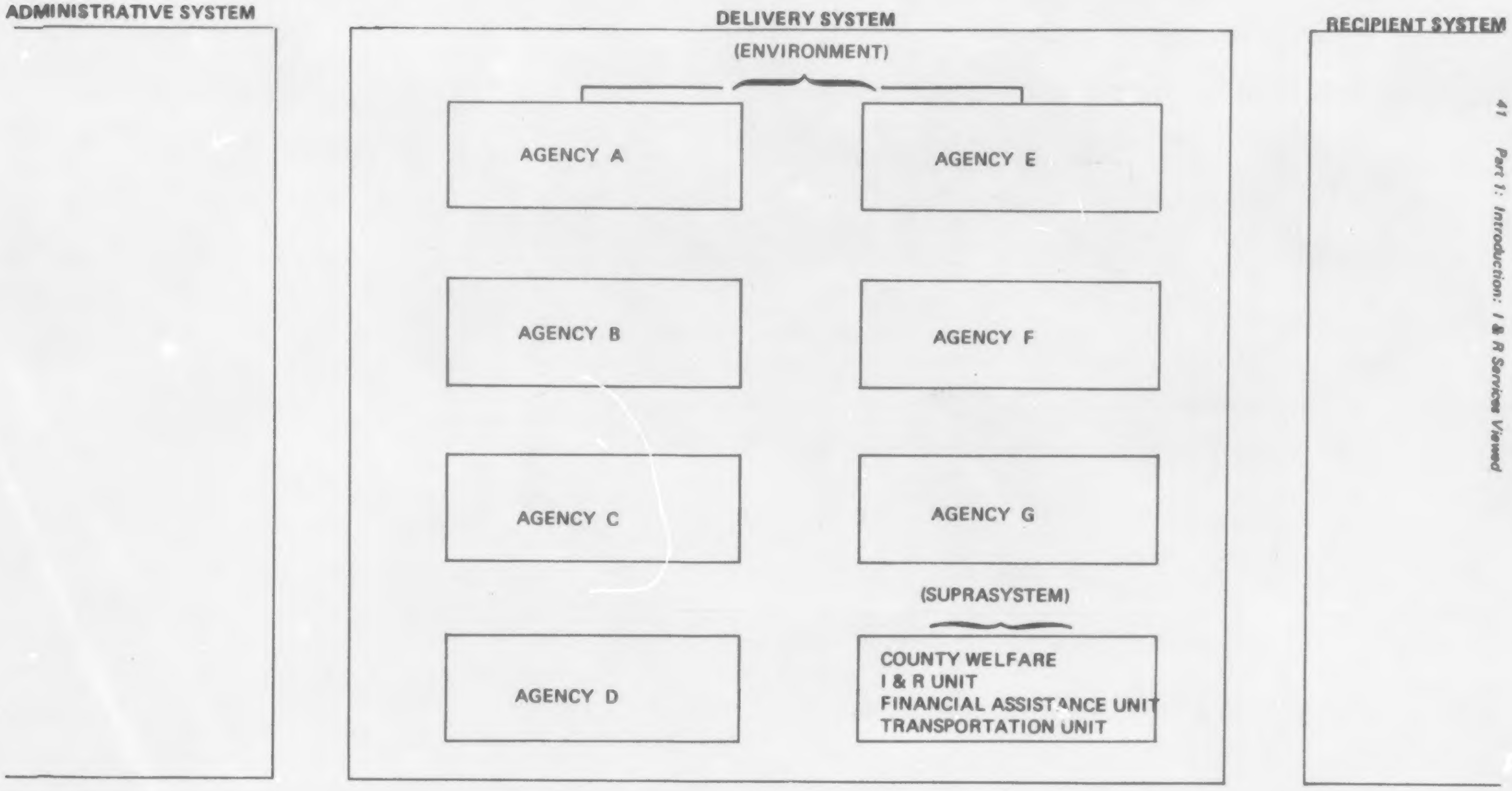

ADMINISTRATIVE SYSTEM
DELIVERY SYSTEM
(SUPRA SYSTEM)
RECIPIENT SYSTEM
AGENCY A
AGENCY E
AGENCY B
AGENCY F
AGENCY C
I & R CENTER
AGENCY D
COUNTY WELFARE

FIGURE 4. I & R CENTER AS A SUBSYSTEM OF AN AGENCY: SUB-UNIT OF AN ORGANIZATION


ADMINISTRATIVE SYSTEM
DELIVERY SYSTEM
(ENVIRONMENT)
RECIPIENT SYSTEM
AGENCY A
AGENCY E
AGENCY B
AGENCY F
AGENCY C
AGENCY G
(SUPRASYSTEM)
AGENCY D
COUNTY WELFARE
I & R UNIT
FINANCIAL ASSISTANCE UNIT
TRANSPORTATION UNIT

file this information so that it can be retrieved easily. And yet a third set of attributes may be needed to characterize the "people" component of an I & R system: The ability to keep accurate records and to write reports about the congruence between demands for help and the availability of help; to recommend alternatives for resource allocation in order to improve the congruence between requests for help and the availability of help.

Information Attributes of the information component of the I & R system include: accuracy, completeness, comprehensiveness, accessibility, usefulness for connecting people in need of help with providers of services, and (possibly) usefulness to planners for making recommendations about resource allocations for human services. These two components of people and information would characterize any I & R system, regardless of its organizational structure.

ENVIRONMENTAL CONTEXT OF AN I & R SERVICE

Further explication of the environment of an I & R system helps one's understanding of the conceptual problems inherent in viewing I & R as an organizational structure. Goodwin (1973) proposes a method which involves six systems for viewing experimental research in the area of welfare. Five of these systems are relevant to a consideration of I & R services:

The constituency system consists of the electorate, those who determine the components of the donor system (state and Federal legislators and other elected officials).

The donor system is responsible for allocating public monies to various programs, including human services programs. (The private sector may also be included in Goodwin's model by identifying as a component of the constituency system those who donate funds to private charities, such as the United Way of America, which use the contributions to fund social service programs, and by including as a component of the donor system organizations such as health and welfare councils or other planning bodies which allocate funds from the private sector for social services.)

The administrative system is composed of those people who have the responsibility for carrying out the programs ordered by the donor system. In the case of governmentally established programs, the administrative system is composed of those in the appropriate departments of the executive branch of government.

The delivery system is composed of persons and facilities which actually interact with the recipient system in the provision of services and programs.

The recipient system is that portion of the constituency system which is using human services.

Interaction Between WIS and the Environment

The interaction between the WIS I & R network* and these five environmental systems is shown in Table 6. The data for the total time period that were presented in Table 5 are shown in Table 6 according to percent of time spent by the components of the network in interactions with each of the five environmental

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The WIS Network is a system with two components: the 13 I & R centers are one component and the state office the other.

systems. Thus, over the 18-month demonstration period, 28% of all center manpower resources were engaged in interactions with the recipient system,* with an almost equal amount of time being spent in activities relating to the delivery system. The state office spent over three-fourths of its manpower resources on activities within the I & R system. Interactions by both components of the I & R network with the constituency, donor, and administrative systems were minimal.

As was stated in the preceding chapter, comparative and normative data about resource allocation are not available from other I & R systems. Thus, it is not possible to state whether the pattern of distribution of the WIS I & R network resources among these different systems represents an optimal distribution or not. Nevertheless, these data do provide descriptive information which may be useful in trying to understand the nature of the WIS network. And such information has potential usefulness to the administrator of the network who may choose to increase or decrease interactions of the I & R network with one or more of these systems through emphasis or de-emphasis of efforts for specific task areas (i.e., redistribute program resources in order to achieve a specific program objective).

The total time spent in providing I & R service was divided equally between the recipient and delivery systems, although the preponderance of actual time spent was with the recipient system. Nevertheless, the outcome of the time spent with members of the recipient system bears a more or less direct relationship to impacts on the delivery system as a result of referrals made to the delivery system. Thus, the manpower resources were divided equally on the basis of the overall impact on the two systems.

SECTION II: What Should Be the Functions of An I & R Service?

INPUTS TO AN I & R SYSTEM

By considering the inputs to and outputs of an I & R system, a number of issues emerge concerning the conceptualization of it as an organizational structure. The primary inputs to an I & R system are information and people. Information is typically a *maintenance input* which enables the I & R system to engage in one of its major output activities: the connecting of people in need with providers of services. To the extent that information is processed for other *outputs* such as human services directories or data about service facilities for planners, information may also be considered a *signal input*. People in need of human services, however, may generally be seen as the primary signal input to an I & R system.

People

In the case of the independent I & R center, people usually come from the recipient system. However, when the I & R service is a sub-unit of an agency, the people in need of help typically could be expected to come from the suprasystem of the agency itself, rather than across the boundaries of the recipient system. Thus, one might expect that the I & R center which is a sub-unit of an agency would have less commerce with the recipient system than the independent I & R system. That is, the people served by a sub-unit I & R service would come from a narrower range of the recipient system, namely those who constitute the population served by the agency as a whole.

A second category of people who become inputs for an I & R service are those who are seeking help on behalf of someone else. In the Wisconsin demonstration approximately 17% of all calls received by all centers were from this source [10.3% came from the constituency or recipient systems (private individuals calling for someone else) and 6.7% came from the delivery system (facilities calling on behalf of a client)]. A third category of people who might form part of the input to the I & R center is those seeking planning information. Approximately 6.1% of the calls received by WIS came from the delivery system (facilities) for factual information which was not directly related to helping a client of the caller. The source of such calls for the independent I & R center would normally be from other components of the delivery system, and possibly to a lesser degree from the donor and administrative systems. In the case of the I & R sub-unit, one would expect that the main source for such requests would come from the immediate suprasystem of the sponsoring agency.

Information

With regard to the input of information about the delivery system, the main source is the delivery system itself for the independent I & R center. To the extent that follow-up and follow-through* are conducted with center users, additional secondary information may be gathered about the delivery system from members of the recipient system. In the case of the delivery system source, information may be gathered either directly through resource file interviews and/or indirectly through the I & R worker's experience with particular facilities.

For the sub-unit I & R center, however, information is a much weaker input. Typically, insufficient resources are allocated to an I & R sub-unit to permit the collection of information and development of a resource file. Thus, secondary sources of information about resources, such as community-services directories prepared by other agencies, are typically used by the sub-unit I & R service. Such an arrangement may have serious consequences with regard to the quality of information and referral services that can be delivered by a sub-unit I & R center. Although its information about the agency of which it is a sub-unit may be excellent, its information about the remainder of the delivery system is likely not to be of the same quality.

Follow-up was the term used for the survey activity pursued by WIS to conduct caller evaluation of the program. Follow-through was a service provided to some callers whom the WIS I & R specialist felt might need further help or assistance in gaining access to the delivery system.

OUTPUTS FROM AN I & R SYSTEM

Following the statements concerning the main functions of an I & R service contained in the *National Standards for Information and Referral Services* prepared by the Alliance of Information and Referral Services (1974) and the United Way of America (1973), one may note that the primary outputs of an I & R system are (1) connections between people in need of help and the providers of human services and (2) planning information. It is at this juncture that one may raise some very serious questions about the concept of an information and referral service as an organizational structure.

Connections Between People & Providers of Services

As an independent agency, the primary consumers of the connection output from the I & R center are the recipient and the delivery systems. As a sub-unit, components of the recipient system and the immediate suprasystem of the sponsoring agency are the major consumers of connections, with other elements in the delivery system environment consuming the remainder of this output. Keeping in mind the distinction between useful and useless outputs of a system, one is forced to ask the question: To what degree are connections a useful output to the immediate suprasystem and the environment? Because the survival of a system may depend on its outputs being useful, this is a very important question to answer.

In part the answer is guided by our definition of connections. Is a connection the physical arrival of a recipient at the intake desk of a service provider? Or is it the admission or acceptance by the provider of the recipient as a consumer of the provider's service? Or is it the exit of the person from the recipient system as a result of receiving the services given by the provider? Because of the present relationships that exist among components of the delivery system, the

I & R subsystem, particularly if it is an independent agency, has little influence to exert beyond the first stage of getting the recipient to the reception desk. The I & R center does not guarantee acceptance of the recipient as a client of the provider, and it certainly does not guarantee the amelioration of the recipient's problem as a result of connecting with the provider. How really useful, then, is the connection output for members of the recipient system? What would its value be if the recipient had to pay for it? Is the constituency system getting true value for its support of an organization which produces connections with other components of the delivery system as its major output?

Can this question of the value of the connection output be answered more positively from the perspective of the other major consumer, the delivery system? What is the need for this output by the components of the delivery system? Many service providers have long waiting lists, suggesting little need for this output.

However, the existence of waiting lists may be a matter of maldistribution of recipients among the various components of the delivery system. If the resource file data base of an I & R center is capable of handling distributive activities of recipients among different service providers, a useful new output may be identified, one which is more useful than a simple connection.

Information as an Output

What of the information output? Although the provision of information to planners about gaps, overlaps, and duplications in service. is stated as a major function to be performed by I & R centers, there seems to be little known about the formal effort on the part of I & R centers to transmit this information to planners of human services. Bloksberg and Caso found that over 80% of the I & R centers which they surveyed gathered various kinds of statistical data about users of the I & R service. Unfortunately, information about the transmission of this information to planners was not reported by these authors.

Although one can only form an opinion at this time, unsubstantiated by facts, it is possible that the informational output of an I & R service may ultimately become the most useful output to the environment. For example, if an information and referral center were to consider the informational needs of the recipient and constituency systems, a variety of new information products could be thought of, such as consumer guides to services which include some kinds of evaluative information. With reference to the delivery system, information about the capacity of other components of the system to accept new recipients has already been mentioned. In addition, more detailed information about the availability of services might be welcomed by various components of the delivery system. For example, information about the availability of specific kinds of treatment orientations of professionals and facilities for the mental health subsystem could be very helpful for making referrals for community-based treatment to those in need of such services. With regard to the constituency, donor, and administrative systems, evaluative information about components of the delivery system is a possible output which might be quite useful (see Chapter 12).

DISCUSSION It may be that the potential of the information outputs of an I & R service has been overlooked by those in organizationally structured I & R centers because of the tendency of those organizations to stress the "[illegible]ice" or connections output.

Historically, the staff of such organizations have come from professions concerned with direct, face-to-face contact with people in a helping capacity. It is only natural that similar aspects of the functions of an information and referral center should have been emphasized by them. Few I & R centers have had information system professionals as members of their staff. Thus, the contribution of information specialists to the field of information and referral services has not been tapped.*

Drucker, in *The Age of Discontinuity* (1968, chap. 12), points out the tremendous growth of knowledge industries in the United States. In 1955 the distribution of ideas and information rather than goods and services accounted for 25% of the U.S. gross national product. Ten years later the proportion had reached one-third. And by the late 1970's it was projected that the production and distribution of ideas and information would account for one-half of the gross national product.

What are the implications of abandoning the concept of information and referral as a social service? What if one were to view I & R as a new knowledge industry? Doesn't it seem obvious that people will seek information about the delivery system from a variety of sources? I & R in the form

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The increasing interest of some members of the library profession in information and referral services suggests some mitigation of this situation (see for example, Forsman, 1972; Kochen and Donohue, 1976; Kronus and Crowe, 1972; Turick, 1973; Yin, Kenney, and Possner, 1974).

of a social service organization represents a way to centralize the dissemination of information about the delivery system. But no matter how centralized I & R organizations become, people will still seek information from a variety of other sources.

Let us return to the information needs of the five systems that have been used in this discussion: the constituency, donor, administrative, delivery, and recipient systems. Would it not be possible to centralize the data collection and preparation function with regard to human services information, but decentralize the information dissemination functions? Consider one organization in each community which contracts with various components of these five systems to provide the specific kinds of information about the delivery system that is desired. It may be that separate organizational entities called I & R centers will still be needed to disseminate some of this information. Under this arrangement, such organizations would obtain their maintenance input of information from the centralized source, thus freeing the I & R center to devote much more of its energies to the production of connection outputs. But preparation of the information output would be the task of a different organization.*

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* *Project IRMA in New York City follows this model of separating the information producing organization from the information disseminating organizations (Brooks and Eastman, 1974).*

At the same time, the availability of such information could be increased so that all places where people may tend to seek it can be better equipped to respond to requests for information about providers of human services. Duplication of efforts in gathering such information could be greatly reduced. And by lodging this responsibility in an organizational setting that is fully accountable to the public, the potential disadvantages of centralizing the gathering of such information may be overcome.

By freeing I & R as a service from any particular organizational structure, a number of issues can be resolved. For example, should I & R centers engage in advocacy? As long as the I & R organization must be concerned about gathering information for its resource file directly from the delivery system, it is constrained to minimize its engagement in some aspects of advocacy (Helling, 1971). If the I & R center could obtain its resource file information from a neutral organization, then it would be free to pursue advocacy to the degree it thought beneficial.

Should I & R centers provide outreach, transportation, escort, follow-through, counseling, or other services? Again, many social service agencies already provide one or more of these services, often along with some kind of I & R service. If a truly comprehensive resource file that is well-organized, convenient to access, and relatively inexpensive were available to any and all of these providers, would it not stand to benefit all recipients who contact them? The costs of introducing such components as outreach or escort may be much greater to the I & R organization than the cost of making "I & R" information (i.e., resource files) available to a number of different human service facilities which may already offer these services.

Should the givers of information have attained certain levels of academic achievement? It depends. If the quality of the information they give is good, does it matter? Will all those in need of information necessarily be willing to contact the kinds of organizations where professionals with proper credentials tend to work? The free-clinic movement and the existence of other kinds of self-help and alternative service organizations (see Glasscote, Raybin, Reifler, & Cane, 1975) suggest that the answer is definitely no. Typically such organizations do not have the ability to secure the necessary information about the delivery system that could be helpful to those who come to them for aid. If a very inexpensive, but nevertheless very good, resource file could be made available to such organizations, would this not be of definite benefit to those who come to the street agencies?

It is not within the scope of this report to provide definitive answers to the questions that have been raised in this chapter. These are new questions that have emerged during the course of six years of research in the field of information and referral services. As it is the nature of research to attempt to answer questions, so it is inevitable--and desirable--that some answers take the form of new questions. It is hoped that the reader of this report will keep these questions in mind in reading the following chapters which deal with the research findings.

PART II: Input Objectives

CHAPTER 4: Maintenance Input Objectives

SECTION I: Obtaining Resources to Operate the Program

OBJECTIVE II-A: *"Investigate the I & R network concept as one method of helping individuals gain access to human services."*

Assumptions:

1. Multiple methods of helping individuals gain access to human services exist.
2. Of these methods, the I & R network concept is among the more promising.

This objective provides the foundation for the research effort that was undertaken by the I & R Center Study. The first assumption underlying this objective, that there are multiple methods of helping individuals gain access to human services, requires little further elaboration or support. It is common knowledge. Obtaining evidence about the second assumption, that the I & R network concept is among the more promising methods for helping people to gain access to services, was a major goal of the research project.

Although the data presented in the chapters that follow suggest that many people were linked with appropriate services as a result of the I & R network program, this assumption remains essentially unproven. First, there are no comparative data available from alternative methods for providing access to human service programs. Thus, the findings in this report cannot be viewed on a comparative basis (i.e., we cannot say whether the I & R network concept is "more" or "less" promising than some other alternative methods for access).

Second, the issues raised in Chapter 3 concerning the outputs of an I & R system have not been resolved. To the extent that the questions raised by these issues remain unanswered, the assumption that an I & R network is a more promising method of helping people gain access to services is drawn into question.

*Effort**

The manhours and financial costs that were allocated to this particular program are shown in Table 7, along with cost information for two other I & R projects funded by the Administration on Aging.

See Appendix G for the specific evaluation criteria used in the five categories of evaluation for each objective. The discussion of objectives by measurement criterion in this report is based on the requirements stated in Appendix G, (at the end of Chapter 2, pp. 32I-32U).

Performance and Adequacy of Performance

The I & R network operated for a period of three years (see Chapter 1). The operation of the I & R network and the data that are reported in the following chapters attest to the feasibility of establishing I & R networks for helping individuals to gain access to services. As was discussed under the "Assumptions" section above,the issue of the desirability of this method is moot. The desirability of an I & R network for the purpose of human services planning seems to have merit, and is discussed in Chapter 12.

Process

To the extent that large numbers of aging persons were reached by the demonstration program, and were linked with needed service providers, one may say that the program succeeded in achieving that particular goal. But to an unknown degree, that success may have contributed to the failure of the State of Wisconsin to continue the program after the Federal funding terminated. There was a general tendency by members of the administrative and delivery systems to view the program as restricted to the aging (although the proportion of other age groups served was quite high--cf Part III, Chapter 6). The placing of the operational responsibility for the program within the Division on Aging may have facilitated other divisions of the Department of Health and Social Services in the development of their own independent I & R efforts.

Although a State Task Force, composed of representatives from several of the divisions of the Department of Health and Social Services, was established before the program was launched and continued to be convened throughout the course of the project (see chapter 8), this vehicle was not used to coordinate I & R activities being developed by the other divisions.

Although several of these divisions claimed to be spending substantial resources on I & R, when they were requested by the Division on Aging to pool their funds in order to consolidate the state's expenditures on information and referral through continuing WIS, they declined in preference to continuing their own autonomous I & R efforts.* The absence of coordination of the WIS program with other I & R efforts within the Department of Health and Social Services during its three operational years may have contributed significantly to the inability of the program to secure state funds to continue its operations.

OBJECTIVE VII-A: *"Obtain resources for the system."*

This objective was not included in the original list of objectives, and may well represent a major design flaw of the program. Although the amount of time spent by program staff to obtain manpower and financial resources was measured (see Appendix F, I & R Worker Report, C-1-a and C-1-b), this activity was given very low priority during the course of the project. One can see

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**In its "Propsed Social Services Plan" (Title XX), the Wisconsin Department of Health and Social Services estimates for example, that it will spend $1,223,305 to provide I & R services to 34,363 individuals for a 21-month period commencing October 1, 1975. None of these funds was allocated to the WIS network, however, nor does this figure include expenditures on I & R by the Division on Aging or the area agencies on aging at the local level.*

from Table 5 that only 2% of staff effort at both the state and center levels was devoted to this activity. Furthermore, the limited proportion of time spent in interaction with the constituency, donor and administrative systems (see Table 6) also suggests a general lack of effort in this area. The lack of substantial effort to obtain resources for the program also certainly may have contributed significantly to the failure of the program to secure continuing funding from the state.

SECTION II: Obtaining Information to Provide I & R Services: The Resource File*+

There are three objectives concerning the development and maintenance of the resource file for the WIS program. Although Objective VI-A-2, "setting up the resource file," is conceptually an encoding objective, it is discussed with the two maintenance input objectives concerning the resource file for the sake of continuity.

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[*] *The help of Diane Tessari and Leslie Yonce in analyzing data for Section II is gratefully acknowledged.*

[+] *Forms used in gathering data reported in this section are contained in Appendix F.*

OBJECTIVE VI-A-1: *"Gather facility information."*

Assumptions:

1. The information about community facilities and their services will enable the I & R center to give accurate information and make appropriate referrals.
2. The *SEARCH Inventory* is an appropriate tool to collect these data.

Although data suggest that WIS information was accurate and referrals were appropriate,* it is difficult to establish a causal link between the quality of the resource file and the quality of information given out. For example, in a structured interview with all WIS center staff conducted after the program had been operating about 15 months, it was learned that in a substantial number of cases the resource file was not consulted because the I & R specialist had committed parts of it to memory. Furthermore, the resource file does not always contain the necessary information, so that the quality of the information given depends on the I & R specialist's motivation and skill to obtain the necessary information for the caller from other sources. The source of the specialist's information was not measured during this evaluation, so this assumption remains unverified.

**Of private individuals calling for themselves, 89.7% felt they were sent to the right place (Table 121), and 85.4% of all facilities accepting a referral appointment from WIS indicated that the referral was appropriate; only 4.6% stated that the referral was not appropriate. (The last two figures are extrapolated from Table 114).*

SEARCH: Inventory of Health Services, 2nd ed. (Cauffman, et al., 1972), was used as the primary data collection instrument for the WIS resource file. This instrument was developed under Grant No. HS00287 from the National Center for Health Services Research, Public Health Service, U.S. Department of Health, Education, and Welfare, for the purpose of establishing a data-base for an online, computer-accessible resource file for Los Angeles County. It is described in detail in an article by Cauffman , et al. (1974).

Basically, the *Inventory* is composed of two sections: One consists of potential client problems and services to meet those problems, organized into 22 categories such as clothing, consumer protection, disasters, employment, housing, medical, recreation, and so on. There are some 500 unique problem statements (i.e., they appear only once in the *Inventory*), and slightly more than 800 service statements, some of which appear two or more times (e.g., a service such as "financial assistance" may meet a number of problems, such as lack of food, lack of clothing, lack of housing and so on). In 19 of the categories, these statements are arranged in a matrix format to facilitiate the identification of which service in the category meets which problems. The second section consists of a series of questions concerning the hours the service provider is open, fees, eligibility requirements, and so on.

The *SEARCH Inventory* was selected for use by the WIS demonstration for a number of reasons. First, it is very comprehensive, covering all areas of human services, including health and medical services, which were given short shrift by most of the alternative resource inventories available in 1972.

Second its arrangement of problem and service statements in a matrix format which shows the relationship between the two has immediate appeal for organizing such data for human services planning. Third, the formal structure of the *Inventory* suggested that the instrument would be reliable (cf. American Psychological Association, 1974; Cronbach, 1970) for gathering data. And fourth, should the use of an on-line, computer-accessible retrieval system prove warrented, it was anticipated that the WIS program would have the data base to procede with such implementation, and possibly could make use of the technology being developed in California.

Some minor problems were encountered in using the *SEARCH Inventory* as a resource survey instrument. The word "health" in the title caused some providers to reject the inventory as inappropriate because the services they provided were not health services. This problem generally was easily overcome, as even the most cursory persual of the booklet reveals its comprehensive scope and inclusiveness of all human services.* However, the scope of the *Inventory* did create problems in interviewing smaller agencies, and particularly clubs and church groups which provided only a single service and at very limited times or to limited clientele. The instrument does not seem appropriate for such providers; in a few cases, providers refused to participate in an interview which made use of the *Inventory*.

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* *This situation has been remedied in the third edition which is titled Inventory of Human Services: Medical and Social (Cauffman, et al., 1972).*

A more serious problem in using the *Inventory* was the lack of standard definitions to accompany the terms contained in it. Although there is a short glossary at the end of the booklet, this did not prove adequate for referency by the volunteers and others who were not familiar with the jargon used by the providers of human services. Another problem encountered was the absence of some problem and service statements. During the course of the demonstration WIS staff added approximately 175 problem and service statements to the *Inventory*. Additions were made to every category: four categories required more than ten additions; seven categories required between six and ten additions; between one and five additions were made to the remaining 11 categories.

With reference to the usefulness of the SEARCH data base for providing I & R services, there seems to be little question that it is quite adequate for that purpose. In 65.9% of all inquiries received from private individuals calling for themselves, the call was described by both a problem and service statement (Table 22, row 7). When calls for simple, factual information such as a provider's address or phone number (row 3) are excluded, 84.3% of the calls were described by both a problem and service statement; and less than 3 percent of the calls could not be described by at least a partial code, such as the category of the service requested or the category and problem or category and service.

An unexpected, and non-technical, aspect of the assumption that the *SEARCH Inventory* would be an appropriate tool to collect resource file data centered about the the availability of the instrument. Shortly after the *Inventory* had been purchased from the publisher, a letter was sent to the Project Director of the I & R Center Study by the Vice President for Financial and Legal Affairs of the University of Southern California. The letter requested that no adaptation of the *Inventory* be made without written permission of the author, who had copyrighted it. Permission was sought from the author to reproduce one page from the *Inventory* in an instructional manual on resource file development (Long, et al., 1973) and was denied. Later, additional copies of the *Inventory* were needed by the WIS program and a request by the Wisconsin State Government to reprint the *Inventory* was denied by the author. The charge initially proposed by the author and publisher for these additional copies of the booklet was considerably greater than the costs would have been had it been printed locally. These problems over the copyright of a document developed at public expense under a Federal grant caused considerable delays and difficulties for the program staff.

General questions concerning the permissibility of preparing community service directories and various computer-generated planning reports were brought to the attention of the Administration on Aging in September, 1974. Over a year has passed and no definitive ruling as to what constitutes an "adaptation" of the *Inventory* has been obtained from that agency. Thus, publication of service directories based on the *Inventory*, and the publication of the outputs of some computer programs based on it have been prevented.*

**However, this matter was still under active consideration by the Federal Government at the time this report was prepared for publication in the Spring of 1977.*

Effort

The average time spent by each center in developing its resource file was six months. The amount of time for resource file development was as little as four and one-half months for one center, but extended to seven months for two centers. Because a distinction was not made in the measurement of time spent in gathering resource information and time spent in processing it to set up the file, the total time spent on these two objectives is divided equally in measuring the effort spent on each of them. Thus, during the six-month period from April, 1973, through September, 1973,* 16.5% of all paid staff time in the centers was spent on this objective. In the third quarter of the demonstration (October, 1973, through March, 1974), only 3.5% of center staff time was given over to obtaining information for the resource file. In the final quarter of the demonstration, 1.5% of all center paid staff time was spent on this activity.

The first step of resource file development, the preparation of a cross-reference file (cf. Long, et al., 1973, p. 40ff), took an average (median)+ of 168 hours for each center, with a range of 36 to 385 hours for Centers 1-12.° Setting up

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The "official" two-year demonstration took place between October 1, 1972, and September 30, 1974. For discussion purposes this period is divided into four six-month periods, with the dates given in the text above.

+*The median is the mid-point in a set of data. That is, half of the data exceeds the median value, and half of the data is less than the median value.*

°*Because there were a number of differences in the resource file development phase of Center 13 (Milwaukee), data for it are not reported in this section.*

facility interviews (including mailing letters and making telephone calls to arrange interview appointments) took about 138 hours for each center, with a median time of 25 minutes per facility.

Estimates of the time expended interviewing facilities of various sizes (including travel time to and from the facility) are given in Table 8. The median interview time for all facilities was one and a half hours. Approximately 495 hours were spent by each center on this phase of developing the resource file.

Performance

The criterion for measuring performance on this objective was set as the number of facilities about which service information was gathered. The number of facilities interviewed at the time the centers opened for service to the public is shown in Table 9, along with the number of facilities interviewed by the time the demonstration phase concluded. The proportion of facilities interviewed by the conclusion of the demonstration ranged from 24% to 100% of the cross-reference file. The median interviewed by September 30, 1974, was 40%.

Adequacy of Performance

Time and cost constraints prevented the measurement of two of the criteria for determining adequacy of performance in meeting this objective: the completeness and accuracy of facility information. Interviews with I & R specialists conducted after they had had some experience in using the resource file in delivering I & R services suggested that, not infrequently, providers tended, during the initial interview, to overstate the services which were provided by their facilities.

A third criterion set to measure the accomplishment of this objective was the proportion of facilities contacted on which data were gathered. There were very few instances in which a facility refused to be interviewed or included in the WIS resource file. The actual proportion of providers identified in the cross-reference file who were interviewed should not be taken as an indicator of adequacy of performance in meeting this objective.

The goal of a good resource file is to have available information about appropriate alternatives for obtaining services. The file should be selective when there is an abundance of services. The maintenance of information about facilities which is never used is costly and wasteful of resources. Data in Table 10 provide information about the use of the resource files by the network of centers over 18 months of service to the public. The proportion of facilities used by each center from its own file ranged from 23.7% to 100%, with a median of 65.0%. Data concerning the proportion of resource file entries used from outside of the center's catchment area* are also given in Table 10. The median of entries used from outside of the center's catchment area was 24.4%, with a range of 6.4% to 54.6%. That is, on the average, 24.4% of the total number of facilities recommended by the centers lay outside of the area it served.+

The catchment area is the geographical area served by the center, and surveyed by the center for the resource file (see Figure 1).

+*These figures should not be confused with the number of times resources outside of the catchment area were required. From Table 10 one sees that the proportion of the time a resource outside of the catchment area was recommended ranged from less than 0.1% to 43.4%, with a median of 8.9% of all calls.*

A criterion not listed in the original matrix, but which is relevant, is the match between the kinds of facilities interviewed for inclusion in the file and the kinds of facilities actually used in the delivery of I & R services. Information is presented in Table 11 concerning the priority assigned different kinds of facilities for interviewing for the resource file, along with information about the top six facilities actually used in the delivery of I & R services by all of the centers through December, 1973. Comparison between the two columns of Table 11 shows a fairly high agreement between the actual use of certain kinds of facilities and the priority set for their inclusion in the resource file.

Efficiency Measurement procedures were not sufficiently precise to permit calculations of unit time and cost for gathering information about a facility for a resource file. Nevertheless, the data reported in the "Effort" section for this objective should provide some idea of the time involved in the various phases of this activity. Alternative methods for gathering resource file data were not tried.

Process A number of the criteria listed for this category of evaluation have been discussed in the "Assumptions" section for this objective. A topic not covered is the use of volunteers for this purpose. In general, center managers found that resource file interviews in the field were not a wise use of volunteer time. The amount of training and supervision required to assure a competent interview was too great for the number of interviews typically completed by each volunteer. The lack of a comprehensive glossary of defintions for the terms used in the *Inventory* often placed the volunteer, especially the one who was unfamiliar with human services jargon, in an uncomfortable position when professionals in agencies requested clarification or explanation of some of the terminology used.

Furthermore, the resource file interview served an important purpose beyond that of obtaining information for the file. The initial contact with the service provider came to be valued by the I & R specialists as an important aspect of establishing a working relationship with facilities in the community. It seemed to be the consensus among WIS personnel that the time volunteers were willing to contribute could be better put to use in helping set up the resource file, and in other tasks such as publicizing the program.

OBJECTIVE VI-A-2: *"Set up resource file."*

Assumptions:

1. The information gathered from facilities must be readily and accurately retrievable if it is to be of use in providing I & R services to the community.
2. The recommended filing system is a convenient and efficient method to set up a resource file.

The first assumption underlying this objective seems to be obvious, and without need for further verification or proof. However, as has already been noted, there is a tendency for I & R specialists to commit certain kinds of information about service providers to memory and not to refer to the resource file in many cases. To the extent a file is well-organized and easily accessible, there is an incentive (or, at least, no determent) for using the file. More importantly, a file which has readily retrievable information facilitates the training of volunteers and new staff members in providing I & R services. The continuity of service provision in the absence or termination of I & R specialists who have acquired familiarity with community resources by dint of experience is thereby protected.

The filing system chosen for manually retrieving resource file information follows a coordinate index approach (cf. Broadhurst 1962; Documentation, Inc., 1955; Taube, 1953). Coordinate indexing as applied to the resource file for information and referral services is discussed in depth by Long, et al. (1973, Chapter 7). The resource file consists of four basic components: the cross-reference file, facility file, code card file, and master index.

The cross-reference file is a simple listing of the names, addresses, and telephone numbers of all providers of service which may be included in the resource file. Variations of this basic file include (a) a subset of the file consisting of only those facilities actually interviewed; and (b) separate lists of service clubs, churches, and other infrequently used resources. This file may be organized either by alphabetical order of facility name, or by numeric order of the randomly assigned facility number which is given to each provider at the time of entry of information into the code-card file.

The facility file is composed of the inventory booklet, a summary facility file form which contains descriptive information about the facility's hours of operation, fees, and so on, and other pertinent information about the facility, such as descriptive brochures about its services, newspaper articles, and informal notes.

The code card file is composed of five by eight inch cards, each of which contains a single problem-service statement, followed by a listing of the facility numbers of the providers of that particular service (see Figure 5).

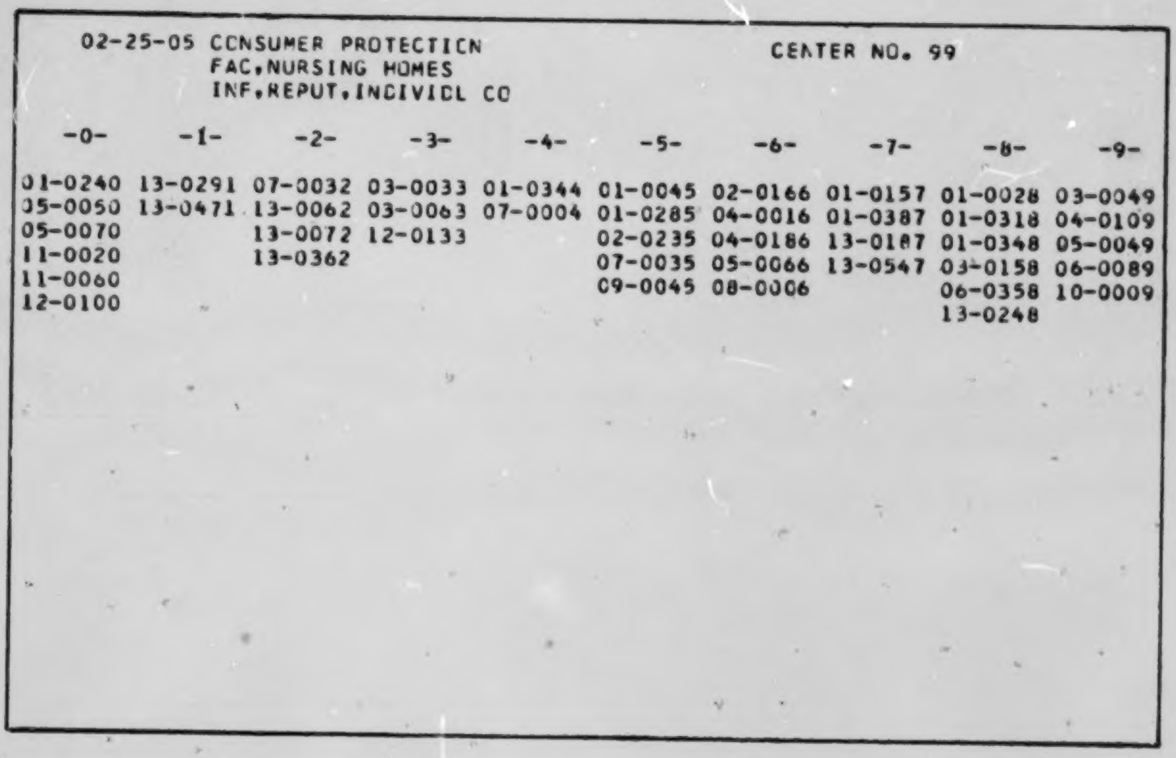
The master index is a summary of the number of providers of different services. This index enables the I & R specialist to identify quickly whether or not a service is available to meet the problem presented by the caller. This index may also have some usefulness for presenting information about the supply of different kinds of services to human services planners. [See Figure 6; see also Long (1975, pp. 287-296; pp. 313-323).]

The coordinate index filing system for manual retrieval of resource file information proved effective and efficient during the 18 months in which it was tested by the WIS network. Interviews with I & R specialists yielded very favorable support for the retrieval system.

Some criticisms were voiced, but these were minor and easily remedied. For example, the maintenance of the cross-reference file on individual file cards proved cumbersome for retrieval. Preparation of the same information in the format of a list resolved that problem (such cross-reference lists can now be prepared by computer at a very minimal cost).

The same criticism was also made of the code card file. The possible combinations of the 600 problem and 900 service statements number about 7,800. Approximately 4,200 combinations were actually observed in the data from the total WIS resource file. Thus, the number of cards (one for each

Figure 5: Sample Card from Code Card File



02-25-05 CCNSUMER PROTECTICN
FAC,NURSING HOMES
INF,REPUT,INCIVICL CO

CENTER NO. 99

-0-	-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-
01-0240	13-0291	07-0032	03-0033	01-0344	01-0045	02-0166	01-0157	01-0028	03-0049
05-0050	13-0471	13-0062	03-0063	07-0004	01-0285	04-0016	01-0387	01-0318	04-0109
05-0070		13-0072	12-0133		02-0235	04-0186	13-0187	01-0348	05-0049
11-0020		13-0362			07-0035	05-0066	13-0547	03-0158	06-0089
11-0060					09-0045	08-0006		06-0358	10-0009
12-0100								13-0248	

Figure 6: Master Index For Housing Category*

12 - HOUSING

CATEGORY/PROBLEM		01 CIVIL RIGHTS SERVICES	02 ENVIRONMENT.HLTH.SERV	03 FAIR HOUSING PROGRAMS	04 FINANCIAL ASSISTANCE	05 GUARDIANSHIP	06 HOMEMAKER SERVICES	07 LAW ENFORCEMENT	08 LEGAL ASSISTANCE	09 LISTING.APARTMENT	10 LISTING.HOUSE	11 LISTING.HOUSING.AUCTN	12 LISTING.LOW COST HOUS	13 LISTING.MOBILE HME PK	14 LVG.ACCOM.BOARD/CARE	15 LVG.ACCOM.BOARDG.HOME	16 LVG.ACCOM.FOSTER HOME	17 LVG.ACCOM.HSG.COOP.PR	18 LVG.ACCOM.HSG.SR.CITZ	19 LVG.ACCOM.LSD.HSG.PRO	20 LVG.ACCOM.MATERN.HOME
12-01-00 BLOCKBUSTING	#																				
	x																				
12-02-00 DISCRIM.RENTAL.AGE	#																				
	x																				
12-03-00 DISCRIM.RENTAL.ETHNIC	#																				
	x																				
12-04-00 DISCRIM.RENTAL.SEX	#																				
	x																				
12-05-00 DISCRIM.SALE.AGE	#																				
	x																				
12-06-00 DISCRIM.SALE.ETHNICIT	#																				
	x																				
12-07-00 DISCRIM.SALE.SEX	#																				
	x																				
12-08-00 DISPUTES.LANDL-TENANT	#							3	1												
	x							2	1												
12-09-00 EVICTION	#	1						1	1				1								
	x	1						1	1				1								
12-10-00 HOME MANAGEMENT	#																		3		
	x																		2		
12-11-00 HOMELESS	#												1						4		
	x												1						2		
12-12-00 HOUSING. PURCHASING	#								1												
	x								1												
12-13-00 HOUSING. RENTAL	#				1								2						4		
	x				1								1						2		
12-14-00 LOCATION	#												1			1			4		
	x												1			1			2		
12-15-00 OVERCROWDED	#									1						1					
	x									1						1					
12-16-00 UNFIT FOR HABITATION	#		1		1			2		1											
	x		1		1			1		1											
12-17-00 DISCRIM.RENT.HDCP/DIS	#																				
	x																				

*For Center 09, Manitowoc.

Continuation of Figure 6:

Master Index For Housing Category*

12 - HOUSING

CATEGORY/PROBLEM		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
12-18-00 DISCRIM.SALE.HDCP/DIS	#																				
	%																				
12-19-00 FORECLOSURE	#																				
	%																				
12-99-00 TOTAL	#	1	1		2			4	2	1			2			1			5		
	%	1	1		1			2	1	1			1			1			3		

*For Center 09, Manitowoc.

combination) required for the code card file may be very large (e.g., 4,200 cards for the entire network). But the number of individuals presenting more than one problem during a call was so small,* that the need to compare two or more cards in order to identify a single facility to handle all of the caller's service requests was rare. Thus, an alternative storage technique of placing the code card information in the format of a provider index list (see Figure 7) may well be justified. A bulky, multidrawer file can be reduced to one or two notebook binders by this change in filing procedure, without any real loss in usefulness for retrieval purposes.

Interviews with WIS I & R specialists, conducted after approximately six months' experience with the filing system, provide some additional information about the use of the different file components. The master index was used most frequently. The median estimate for its use was for about 85% of all calls (range: 40% to 100%). The code card file was used next most frequently (median: 65% of all calls; range: 10% to 95%). The facility file was used in only about 55% of all calls, with a range of 1% to 95%; and the cross-reference file was used least frequently, in only about 30% of the calls (range: 0 to 100%).

The WIS demonstration experience generally seems to have validated the assumption that the coordinate index method for organizing the resource file is convenient and efficient.

Over 82% of all private individuals calling for themselves presented only one problem; only 3.5% of all callers presented three or more problems (Table 23).

Figure 7: PROVIDER INDEX

NUMERIC CODE	CATEGORY/PROBLEM/SERVICE	FACILITIES THAT PROVIDE INDICATED SERVICES TO MEET SPECIFIC PROBLEMS
12-08-07	HOUSING DISPUTES.LANDL-TENANT LAW ENFORCEMENT	09-0026 09-0077 09-0140
12-08-08	HOUSING DISPUTES.LANDL-TENANT LEGAL ASSISTANCE	09-0001
12-09-01	HOUSING EVICTION CIVIL RIGHTS SERVICES	09-0045
12-09-07	HOUSING EVICTION LAW ENFORCEMENT	09-0110
12-09-08	HOUSING EVICTION LEGAL ASSISTANCE	09-0001
12-09-12	HOUSING EVICTION LISTING.LOW COST HOUS	09-0012
12-09-22	HOUSING EVICTION LVG.ACCOM.NURSNG HOME	09-0057
12-10-18	HOUSING HOME MANAGEMENT LVG.ACCOM.HSG.SR.CITZ	09-0103 09-0114 09-0162
12-10-22	HOUSING HOME MANAGEMENT LVG.ACCOM.NURSNG HOME	09-0051 09-0053 09-0057 09-0066 09-0151
12-10-30	HOUSING HOME MANAGEMENT RENT SUPPLEMENT	09-0103 09-0162
12-11-12	HOUSING HOMELESS LISTING.LOW COST HOUS	09-0012
12-11-18	HOUSING HOMELESS LVG.ACCOM.HSG.SR.CITZ	09-0045 09-0103 09-0114 09-0162
12-11-21	HOUSING HOMELESS LVG.ACCOM.MISSIONS	09-0034
12-11-23	HOUSING	09-0012

Effort

The activities required to set up the resource file include: Transcription of information from the inventory booklets to summary forms; verification of information by the facility; preparation of code cards; and preparation of the master index. During the first six months of the demonstration, virtually all staff time was spent on the resource file. In the second six months 16.5% of center time went to setting up the file, decreasing to 3.5% in the third period, and to 1.5% of all time in the fourth period.

Before the transcription process began, each inventory booklet was carefully checked for uncoded notes and comments about problems encountered during the interview. This took from 10 to 90 minutes per booklet, with a median time per booklet of 25 minutes reported. The median time spent by all centers on this activity was 138 hours. Next, information about the facility's hours, fees, eligibility requirements, and so on were transcribed on to the Facility File Form (see Appendix F). This took from 10 minutes to one hour per booklet, with a median estimate of 15 minutes. About 83 hours per center was required for this effort.

Information about services offered and problems handled was transcribed to J-Sheets (see Appendix F). The time required for this activity was directly dependent on the number of services the facility claimed to provide. Most facilities checked approximately 100 problem-service combinations in the matrix section of the *Inventory*. The median time to transcribe this information for large facilities was one hour and 45 minutes, with a range from one-half to three hours. For small facilities, the median was estimated to be 16 minutes, with a range of nine minutes to one hour. A total of 248 hours per center was estimated to have been spent on this activity.

Verification procedures consisted of sending copies of the completed Facility File Form to each facility, along with a form to be signed by the interviewee or director to indicate that the information had been read and approved as accurate (or as changed, if errors were indicated). The median time per facility required for verification was 34 minutes, with a range of 20 minutes to two hours and 25 minutes. About 138 hours were spent on this activity by each center.

As with the J-Sheets, the preparation of code cards was directly related to the number of services checked by the facility interviewed. The manual preparation of code cards was extremely time-consuming and subject to considerable clerical error. In the beginning, the median time per facility for preparing code cards was about one hour, with a range of 10 minutes to four hours. After some experience had been obtained in carrying out this task, the median dropped to about 30 minutes per facility, with a range of one minute to two hours. Using this latter median as a basis for computation, approximately 165 hours were spent on this activity by each center.

Time estimates for preparation of master indexes ranged from five to 80 hours per center (depending on the number of facilities interviewed). The median time for preparing one master index per center was about 19.5 hours.

Although precise cost information is not available as a measure of effort given to meeting this objective, the major cost is obviously in manpower. To reduce this cost, particularly with reference to the preparation of updated versions of some of the file components, a number of computer programs were developed to perform these clerical tasks (Long, 1975, pp. 267-312). The cost savings possible through using a computer for these tasks can be understood by two examples: a master index (see Figure 6) can be produced by computer for a single center in about 45 minutes; one for the entire network takes about two hours of computer time. The cost is between $25 and $50 as compared with $80 or $100 for 20 hours of staff time of an I & R specialist.* A complete code card file can be produced by the computer in about two hours, as compared with the 165 hours required to prepare it manually. And, of course, the computer-produced file is likely to be much more accurate and free of errors.

Performance

All centers had resource files well-developed at the time they opened their doors to the public for service. This evaluation criterion was fully met.

Adequacy of Performance

Time and fiscal constraints did not permit the evaluation of adequacy of performance with regard to accuracy and completeness of the files.

Efficiency

Unit time information has been discussed under the "Effort" section. Some alternative filing approaches within the coordinate index framework were discussed. Experimentation with other filing systems such as McBee, KeySort, Kardex, TERMATREX, michrofiche, or on-line computer access was not undertaken during the course of the demonstration. However, most of these approaches are simply variations among mechancial aspects of filing. Coordinate indexing is a conceptual approach for organizing the file. Alternative conceptual approaches were not tried.

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* *The master indexes prepared manually only indicated the presence or absence of providers of service. The computer-produced index gives the number and percent of providers of each service as well.*

Process Criteria considered under this category of evaluation have been discussed in the "Assumptions" section.

OBJECTIVE VI-A-3: *"Update resource file on a continuing basis."*

Assumption: An up-to-date resource file increases the accuracy and thus the quality of the I & R service that a center can provide.

The same arguments presented in the discussion of the assumption for Objective VI-A-1 (gather facility information) apply here: namely, that there is some question about how actively I & R specialists make use of the resource file in the delivery of I & R services. To the extent the file is not used, the validity of this assumption may be questioned.

Effort The 18-month duration of the project after the initial resource file development phase provided insufficient time to evaluate this objective thoroughly. During the second six-month period, 3.0% of all center staff time went toward work in meeting this objective, increasing to 4.0% in the third period, and 5.0% in the fourth period. Costs other than manpower are not available for this activity.

Performance

It was not possible to obtain data on the number of facilities which were updated each month because centers chose quite different methods for the updating process. In some cases, updating was handled on a continuous basis, with a certain percentage of the file updated each month. However, several centers chose to manage updating the file differently, using a "crash" method of updating large portions of the file within a very short span of time.

The duration of the project was too short to determine how frequently the file should be formally updated. In general, the centers tried to update their files at least every six months, but data do not exist as to whether this goal was successfully met by all centers. Information concerning the number of new facilities added to the file each month is not available; however, data in Table 9 indicate that over approximately 18 months the median percent increase in center file size was 4%, with a range of 1% to 21%.

Adequacy of Performance

Data about the currency of resource file information was not available at the time this evaluation report was prepared. Interviews with center staff indicated generally good cooperation from facilities in the formal updating procedures. Some of the same facilities which initially had been recalcitrant to being interviewed for the resource file, showed similar behavior when asked to participate in the updating procedures. However, the total of such facilities was small, and generally the updating process went smoothly in most centers.

Efficiency

Data about unit time and cost for updating facilities are not available. Alternative approaches to the updating procedure were discussed in the "Performance" section. Procedures for computer-assisted updating of the resource file were developed for WIS (Long, 1975, pp. 297-303), but were not implemented because of the termination of the support from the central state office which had handled all data processing aspects of the program.

Process No additional data were gathered which shed light on this particular program objective.

SUMMARY Virtually all WIS activities during the first six months of the demonstration were devoted to the development of resource file information. Over the next 18 months a total of 17% of paid staff resources at the center level were spent in developing and updating the resource file. The state office directed approximately 3% of its energies in this area over the same period. A noticeable decline in the allocation of resources toward the three resource file objectives was observed over the 18 months. In the second six months of the demonstration, 36% of all centers' efforts went to the resource file; by the fourth period only 8% of the centers' efforts were oriented in this direction, with 3% going toward the development of new materials for the resource file, and 5% given to updating the file.

In general, the *SEARCH Inventory* worked well as the foundation for a resource file data base for an I & R network. The coordinate indexing method was also quite suitable for the manual storage and retrieval of information from that data base. Little definitive information was obtained for evaluating the progress of the centers toward meeting the objective of updating the resource file. In part the lack of information was due to the relatively short duration of the demonstration program.

Very little effort was allocated by either the state office or the centers to secure resources for the maintenance and continuation of the program (each allocated only 2% of all stafr time to such activities over the last 18 months of the demonstration). The relatively small allocation of effort to obtain resources to maintain the WIS network may account for the failure of the system to secure state funding for its continuation. However, several of the centers were successful in securing new resources to continue their programs at the local level.

CHAPTER 5: Signal Input Objectives

In Chapter 3 two primary signal inputs to an I & R system were identified: information and people. The objectives concerning the second input, people, are discussed in Parts III and VI, in which the decoding and output objectives are considered. Three objectives, all of which deal with the gathering of information and data by the I & R system, are addressed in this chapter.

Some aspects of the data collection procedures developed for this evaluation were influenced by the desire to determine whether the addition of new program objectives to an I & R program could enhance its capability to improve the access of older persons to the service system. Specifically these additional program objectives were the provision of outreach, escort, transportation, and follow-through to users of the I & R program. In order to determine this, an experimental design was developed for introducing these program variations. Three centers were chosen to implement the outreach program; four others provided escort, transportation, and follow-through; and five continued with no change in the basic I & R program (see Table 1).

Many variables which might influence the dependent variable of obtaining access to the service system could not be controlled. These included the number of counties served by the center; the degree to which the area served was rural, urban, or mixed; the host or sponsoring agency for the center; economic and other demographic characteristics of the population served by the center; and the general interest of the center in undertaking the program variation.

A modification of two quasi-experimental designs discussed by Campbell and Stanley (1966) was developed for this aspect of the program evaluation. The equivalent time-samples design (p. 43ff) employs "equivalent samples of occasions, in. . .which the experimental variable is present [on some occasions] and. . .is absent [on others]. This design can be diagramed as follows (although a random rather than a regular alternation is intended):

$X_1 0 \quad X_0 0 \quad X_1 0 \quad X_0$"*

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*X_1 *represents the time period in which the experimental condition is present;* X_0 *represents the time period during which the experimental condition is absent; and "0" represents observations or points at which measurements are taken.*

The *nonequivalent control group design* (p. 47ff) "involves an experimental group and a control group both given a pretest and a postest, but. . .the control group and the experimental group do not have pre-experimental sampling equivalence. Rather, the groups constitute naturally assembled collectives. . ., as similar as availability permits but yet not so similar that one can dispense with the pretest. The assignment of *X* to one group or the other is assumed to be random and under the experimenter's control. [This design can be diagramed as follows:]

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0 - X - 0     [Experimental group]
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0       0     [Control group]"
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The modification of these designs developed for this study might be dubbed the *nonequivalent control group with equivalent time-samples design*. It was not possible to repeat the introduction and removal of the experimental variables, as is the procedure for the equivalent time-samples design. Once introduced, the experimental variables of the program variations continued until the demonstration program terminated. With regard to the nonequivalent control group design, the assumption of the random assignment of the experimental variables was not met because the assignment was guided in part by the willingness and desire of the centers to undertake the experimental program variations. For example, the keenest interest for the outreach component was expressed among centers sponsored by Community Action Programs (CAP). Some of the centers selected had prior experience with outreach programs.

All four centers sponsored by CAPs were located in multicounty, predominately rural settings.

The nonequivalent control group with equivalent time-samples design was developed in order to overcome the inability of the field situation to meet the assumptions for the two quasi-experimental designs which seemed most appropriate for this particular study. By using the concept of repeated measurements across time, it was hoped that effects due to maturing skills and experience and effects due to uncontrolled events which occurred during the different time periods could be partially controlled. By dividing the sample into two experimental groups and a control group, it was hoped that the specific effects of the program variations could be identified within the experimental groups. The diagram for the quasi-experimental design developed for this study is shown in Figure 8.

Although discussion of the experimental aspect of the demonstration is reserved for Chapter 13, the quasi-experimental design developed for this part of the evaluation is introduced now because it influences the manner in which much of the data are reported. Specifically, many of the research findings are discussed in terms of data observations made across the three major time periods shown in Figure 8. These three periods were determined by the points in time when basic I & R service delivery began for most centers (see Table 1), and when the program variations were introduced (October, 1973). An attempt was made to stagger the implementation of the follow-through and the escort and transportation components, so that some data could be gathered on the operation of each of these program variations alone (October-December, 1973).

FIGURE 8. DIAGRAM FOR THE NONEQUIVALENT CONTROL GROUP WITH EQUIVALENT TIME-SAMPLES DESIGN

TIME PERIOD	CONTROL	ESCORT/TRANSPORTATION	FOLLOW-THROUGH	OUTREACH
1. April, 1973 - September, 1973	O_1	O_1		O_1
2. October, 1973 - March, 1974	O_2			$X_{OUR}O_2$
2A. October, 1973 - December, 1973		$X_{E/T}O_{2A}$	X_FO_{2A}	
2B. January, 1974 - March, 1974		$X_{E/T/F}O_{2B}$	$X_{E/T/F}O_{2B}$	
3. April, 1974 - September, 1974	O_3	$X_{E/T/F}O_3$	$X_{E/T/F}O_3$	$X_{OUR}O_3$

The full array of these program variations became operative in the four centers in January, 1974.

The three objectives discussed in the remainder of this chapter are concerned with the collection of data. The first objective to be discussed reflects the effort of the state office with regard to this task. The second and third objectives specify the involvement of the centers in data collection.

OBJECTIVE III-D-1: *"Collect, assemble, and process information generated by participating I & R centers."*

Assumption: Participating I & R centers will cooperate in providing complete and accurate data to the central office.

There are nine primary data forms for the Information and Referral Evaluation and Planning System ([IREPS], Long, 1975). A few additional forms were developed for measuring activities during the resource file development phase and for monitoring publicity efforts but these are not included in the IREPS data base (i.e., have not been prepared for electronic data processing). All data collection forms used in this evaluation are in Appendix F. The primary IREPS data forms are described below:

Caller Interview Form (CIF): A CIF is completed by the I & R staff for every call received at a center. This form is the means by which information concerning problems presented, services requested, and facilities recommended is recorded. In addition, information concerning the service provided, the amount of time necessary to provide service, and the role of the I & R center is also available from this form. No personal identification of the caller such as name, address, or phone number is put on the computer file. (See Tessari, et al. (1974) for further discussion of this form.)

Referral Result Form (RRF): This form is sent to facilities when the I & R worker has arranged an appointment at the facility for a caller. The form contains six questions concerning whether or not the appointment was kept, whether or not the referral was appropriate, and whether or not the caller received help for the problems he presented to the I & R service. No identifying information concerning the caller's name, address, or phone number is contained in the computer file of this form. The RRF is linked by serial number to its corresponding CIF. (See Tessari, et al. for further discussion of the RRF.)

I & R User Survey (IRUS): After the I & R service transaction is completed, I & R staff may ask the caller to participate in a survey to help improve the quality of the service. If the caller agrees to the survey, it is mailed to him. The survey contains questions concerning his evaluation of the quality of service given him by the I & R center, whether or not he contacted the recommended facility, and demographic characteristics such as his age, sex, and race. This form is the major external source of information about who uses the I & R service and what the experience has been. The IRUS is linked by serial number to its corresponding CIF form. When this match between CIF and IRUS cannot be made due to a missing or incorrect serial number, the data is assigned to a separate file.

Facility File Form (FFF): This is the basic document for the resource file. It contains all non-service information about a facility, such as its name, address, hours open, eligibility criteria, and fees for service. The source document for preparation of this form is *SEARCH: Inventory of Health Services* (Cauffman, et al., 1972).

"J-Sheet": This document contains all information concerning the problems dealt with and the services offered by facilities interviewed for inclusion in the resource file. As with the FFF, the source document for preparation of this form is the *SEARCH Inventory*.

Biographical Summary Sheet (BSS): This form is used to record the educational and work history of all I & R staff, paid and volunteer. Other information such as the classification of the individual into one of four professional levels and his hourly salary is also recorded on this document.

I & R Worker Report (IRWR): This form is used to gather information every two weeks about how all I & R staff have spent their working hours. The form is divided into four sections: service, clerical, management, and miscellaneous. The service and management sections are divided into subcategories which bear a direct relationship to the program objectives developed for the program evaluation. This form records the amount of time spent by each staff member in meeting the various program objectives. This form is linked by the worker's code number to each CIF (and IRUS and RRF) and to the BSS. The worker's name is not stored on the computer file.

Record of Grant Expenditures (RGE): This form is the primary document for information concerning overall costs for each one of the I & R centers. Only information concerning salaries, other direct costs, and total expenditures is placed on the computer from this form. It is filled out by each participating office once a month.

Escort and Transportation Service Reimbursement Ticket (E/T): This form is filled out by an I & R staff member or volunteer each time escort and/or transportation services are provided. The form contains information about the facility to which the caller was taken, mileage and time for the worker involved, and the amount of money for which the worker was reimbursed for parking, gasoline, tolls, etc. This form is also linked with the CIF (and thus the IRUS and RRF), by serial number. No identifying information about the caller from this form is stored on the computer. When the match between the CIF and the E/T cannot be made due to a missing or incorrect serial number, the data is assigned to a separate file.

In general, the assumption that the centers would cooperate in providing complete and accurate data to the central office seems to have been proved, as can be seen from the record counts presented in Table 12. The WIS network was designed so that record handling and data processing were centralized at the state office. Center staff were given reports about their operations and also had access to their portion of the centralized data base. The intent of this program design feature was to free centers from the time-consuming task of data management in order to permit them to concentrate their full attention on the service delivery objectives of the WIS program.

Effort In general, the design concept of centralizing data collection at the state level in order to relieve centers of data management responsibilities was borne out in practice. The effort measurement obtained from the I & R Worker Report (see Appendix F. line C-9-a) concerning data gathering is divided equally among the three objectives discussed in this chapter, and a fourth objective (V-C: "Provide reports about services") discussed in Chapter 12. For the last 18 months of the demonstration, the state office spent 15% of its staff resources in pursuing these four objectives. For the same time period, the centers devoted only 1% of their total time to these objectives.

Precise cost figures are not available for Objective III-D-1 (collect information from centers). During 1974 and 1975 considerable InterStudy resources were given over to this objective and the other two discussed in this chapter. The InterStudy resources were allocated primarily to the design, writing, and testing of several computer programs for analyzing the IREPS data base. Programming costs incurred by WIS are not directly available because some programming and data processing services were made available to WIS by the Wisconsin Department of Administration. These are not costed separately in the WIS budget. Many of these costs were one-time, developmental costs which for accounting purposes would be prorated over the time period for which the data-processing technology is used.*

Performance, Adequacy of Performance, and Efficiency

Evaluation data were not gathered with reference to the criteria for these three categories.

Process

In general, the data reporting system seemed to be sound, and to cause few problems in implementation. Interviews with program staff conducted mid-way through the demonstration indicated strong dislike for the I & R Worker Report (which was discontinued, along with the Biographical Summary Sheet, at the end of the demonstration phase).

The wording of some items on the Facility File Form caused problems in data transcription, but additional instructions clarified how responses should be recorded.

Completion of J-Sheets proved to be a particularly arduous task. Because this form was never used in the delivery of service, some consideration was given to dropping it and to keypunching the information directly from the inventory booklet. Discussions with the keypunching firm used during the demonstration suggested that some modifications in the format of the booklet would be helpful if direct keypunching were to be undertaken.

The Caller Interview Form was modified by WIS after the demonstration by eliminating Section F (coding of the kinds of additional contacts required to provide service) and by dropping the subjective checklist of roles played (in Section I).

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* *Although centralized data processing was terminated by the State of Wisconsin, the Milwaukee center is planning to make use of some of this technology for evaluating and monitoring the continuing operations of the WIS program in Milwaukee County.*

The I & R User Survey presented some difficulties during the data analysis when it was discovered that many callers tended to respond to Question 7* with reference to the WIS program rather than with reference to the facility contacted. The checklist in Question 8 (reasons the caller did not contact the recommended facility) seemed stilted and uninformative in the data it produced. Further problems with the IRUS included the fact that it was not designed for use with facilities calling for reasons other than obtaining help for a client. It was also not designed to accommodate individuals calling on behalf of two or more people or for groups. Finally, in spite of efforts to design the form for both individuals calling for themselves and for those calling on behalf of other people, some confusion seemed to persist among those in the latter group as to whether responses to the items should be with reference to the caller or with reference to the person for whom the call was made.

In spite of these problems, on the whole, the data collection effort by the state office and the cooperativeness of the individual centers was excellent throughout the project. Examination of Appendix E (users' comments about WIS service) and of the data reported in Chapter 13 suggests that the accomplishment of this objective was achieved at little cost to the people the program served. Further information about data collection procedures is given in the discussion of the next two objectives.

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* *A series of several questions concerning the caller's experience when the recommended facility was contacted.*

OBJECTIVE VI-E:	*"Collect data on callers' needs and demographic characteristics."*
Assumption:	Accurate data about caller's needs and demographic characteristics will help I & R centers to determine whether or not they are reaching the kinds of people they want to reach.
OBJECTIVE VI-F:	*"Collect data on callers' service experience, including that of the I & R center."*
Assumption:	Accurate data about callers' experience with service facilities will enable facilities to be more helpful to those they serve.

The collection of data on callers' needs was accomplished through the Caller Interview Form. The I & R User Survey was used to collect data about both the callers' service experiences and the demographic characteristics of the callers. These two forms are the foundation for the data base used in the analysis for this report. Because the day-to-day activities associated in pursuing these two objectives were so interrelated, they are discussed together.

The assumption that accurate data about callers' needs and demographic characteristics will help I & R centers to determine whether or not they are reaching specific target populations requires little validation. Although the population of interest during the demonstration phase of the WIS program was the aging, the service orientation of the program from the start was the total population. This orientation was established for a number of reasons. Practically, the programs of several host agencies (the four Social Security Administration sites, the four Community Action Program sites, the county welfare department, and the mental health center) all were oriented toward serving the general population (this orientation sometimes being determined by law). Thus, the participation of these sites in the demonstration program was predicated on an obligation to serve the general public.

Of equal importance in adopting the orientation of serving the general public was the fact that during the first phase of the I & R Center Study many I & R programs serving the general public were found to claim to be serving the aging quite adequately. Unfortunately, data to substantiate these claims often were not available. Thus the question of whether the aging could be best served through categorical I & R programs or general I & R programs required further investigation. In an effort to obtain evidence concerning this question, three of the WIS centers were located in sites which housed special programs for the aging (a senior craft center, and two senior centers). The balance of the sites were not specifically oriented toward the aging. The discussion of Objective V-B-3 (locate centers to increase their use by specific segments of the population) in Chapter 6 includes findings about the centers' performance with regard to reaching various segments of the population, including the aging.

The second assumption about the use of accurate data about callers' experiences with service providers as a tool for improving the helpfulness of the facilities was not validated. Although reporting mechanisms were developed for the WIS program to permit the validation of this assumption (cf. Long, 1975, pp. 259-266), they did not become available until after the termination of the demonstration phase of the program.

Effort

Other than noting that approximately 6.5% of state office time and 0.5% of all centers' time during the last 18 months of the demonstration were devoted to these two objectives, little additional information is available about the time spent meeting them.

Performance, Adequacy of Performance, and Efficiency

Performance data are reported in Table 12. Only six of the almost 60,150 CIF's did not have dates. All contained appropriate center codes. All of the Referral Result Forms and Escort and Transportation Tickets were matched up with CIFs. Of the 15,346 IRUS forms, 93 (0.6%) could not be properly matched with a CIF (due to either miscoding or erasure or mutilation of the form number by the respondent). Usable IRUS data were collected from 34.0% of all callers contacting centers 1-12 (cf. next section, "Process"). In order to assure the integrity of the data used for this report, a number of edit programs were developed as part of the IREPS (Long, 1975, pp. 53-66), and the entire master data file was completely edited and corrected for the time period of April, 1973, through September, 1974, before the analyses for this report were begun.

Process

Some of the literature on various methods of obtaining survey data suggests that telephone contact is very inexpensive (Glasser & Metzger, 1972; Hochstim, 1967). However, limitation of staff resources prevented consideration of this method of data collection for the evaluation.* Noting the potential problem of obtaining a sufficiently large proportion of return with a mail survey (cf. Hurst and Morrill, 1971; Magid, Fotion, and Gold, 1962), the decision was made to use a mail survey as the primary method for obtaining IRUS data, with a telephone follow-up in cases in which the survey was not returned after 30 days.+

The standard procedure used in gathering IRUS data throughout the WIS demonstration was to ask the caller at the end of the completed I & R transaction to participate in a follow-up survey which might be conducted either by mail or telephone. It was left to the discretion of the I & R specialist to decide whether or not to invite the caller to participate in the survey. No special techniques were used to obtain a random sample of callers to complete the survey. If the I & R transaction required more than a single contact between the caller and the I & R center, the request for participation in the survey was not made until the caller had been given all of the information which had been asked for. In other words, every effort was made to avoid making service delivery contingent on the caller's agreement to complete the survey.

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* *In addition, this procedure would have confounded the follow-through program variation which was introduced later on as an additional service in some of the centers (Chapter 13).*

+ *This procedure was stopped after the first twelve months of data collection because of the time it required and because, in the opinion of the research aides making the calls, the effort resulted in the return of very few additional surveys (cf Tables 13 and 14).*

Once agreement to participate in the survey was secured,[*] the caller's name and address were obtained, and an IRUS, stamped and addressed return envelope, and a letter explaining the survey (Appendix H) were sent to the caller about seven days after the I & R transaction was completed. Upon receipt of the CIFs for processing at the state office, a Telephone Follow-Up Card (see Appendix H) was prepared for each CIF on which the I & R specialist had indicated that the caller had agreed to complete a survey. These cards were placed in a calendar file, and if an IRUS had not been received after approximately 30 days, a research aide from the state office attempted to contact the caller by telephone.[+]

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[*] *The instructions used in the telephone follow-up are given in Appendix H.*

[+] *The research aides who made the follow-up telephone contacts indicated that people often appreciated the concern shown to them. Many of the follow-up calls resulted in a kind of friendly-visiting activity, and in about 5% of the calls, additional problems were elicited. When this happened, the research aide at the state office secured permission to have the I & R center recontact the caller to help with the new problem. When this permission was granted, the center was notified by the state office to get in touch with the caller again.*

Approximately 94% of all surveys were returned within thirty days after the date on which they were mailed (Table 13). In a sample of 1,779 Telephone Follow-up Cards completed between April, 1973, and March, 1974, over 66% of the cases required no call (Table 14). Once a caller was contacted by telephone, no further follow-up calls were made, even if no IRUS was returned. About 15% of those who were contacted by telephone required two or more attempts before they were reached.

The preponderance of the calls received by all of the centers in the WIS network were from private individuals calling for themselves (Table 15). The proportion of callers in this category who were asked to complete the survey was slightly less than for some of the other categories of callers. However, the proportion of private individuals calling for themselves who returned the survey is quite close to the proportion of that category in the total population of callers (76.5% of all callers were private individuals calling for themselves; 70.6% of all surveys came from that category of caller).

Of the 9,459 respondents to the IRUS, 31.4% indicated that they had used the WIS network before (Table 16). Only 25.4% of the respondents who indicated they were repeat users were private individuals calling for themselves. Within this category, there was a greater tendency of those who indicated that they were repeat users not to complete the demographic questions on the IRUS (see the "No Response" columns in Tables 17-21). The proportion of non-respondents to demographic questions was about 10% greater for repeat users than the proportion for those who indicated they were using WIS for the first time.*

However, when first-time and repeat users who were private individuals calling for themselves were compared with regard to demographic characteristics (Tables 17-21), few differences were found. The only notable difference was with regard to family income (Table 20). The repeat users who completed the survey tended to have lower family incomes than the first-time users completing the survey.

Because the demographic characteristics of the repeat and first-time users were quite similar, both kinds of respondents were included in the analyses for the balance of this report. Because of the potential for response errors and inaccuracies in surveys completed by third parties (e.g., facilities which called and private individuals who called on behalf of someone else), surveys obtained from these categories of callers were excluded. Only those surveys which came from private individuals calling for themselves were used for the remaining analyses in this report.

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* *Although there is no way to determine the exact number of surveys on file which have come from any single individual, the number of surveys from repeat users which have no demographic data may offer a crude estimate. If the I & R specialist learned that the caller had already completed a survey, encouragement was often given to the caller by the specialist to complete a second survey, but with the instruction to fill out only the evaluative part (Questions 1-9) of the survey. Based on the number of non-respondents among the repeat users (Table 17), one may estimate that between 215 and 375 (3% to 5%) of the callers may have completed more than one survey.*

Furthermore, because of the late entry (December, 1973) of Center 13 (Milwaukee) into the program, and because Milwaukee was atypical compared with other centers, data from Center 13 were not included in many of the analyses.* In order to maintain as much comparability as possible among the 12 centers, data from callers identified through outreach procedures and data from callers who received additional services such as escort, transportation, or follow-through, were also excluded from the analyses, except when special consideration was being given to those particular callers.

In the analyses which follow, the data came primarily from first-time and repeat callers who were private individuals calling for themselves during the time period from April 1, 1973 through September 30, 1974. Data came from Centers 1-12, and did not include callers identified through outreach visits, or callers who received other program variation services. Deviations from this sample are noted in the text and tables.

Because no special efforts were made to obtain a random sample of callers to complete the IRUS, consideration of factors which may have biased the sample of survey data collected is necessary. About 22% of all calls received were for factual information such as a facility's name, address, or phone number (Table 22). No information about the request which

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**Milwaukee county is a highly urbanized area with over 1,000,000 people living in a single county.*

could be retrieved by the computer occurred in about 2% of the calls. On the whole, callers whose CIF's fell into these two categories tended to be asked to complete a survey less frequently than those for whom a codeable need (problem/service request) was recorded. Although the proportion of surveys returned is about 5% greater from the latter category, and about 5% less for the category of callers who requested factual information only, it does not seem likely that these differences should have a substantial biasing effect on the data.

One might assume that the more problems presented by the caller, the potentially more difficult it would be to provide I & R service to him. Thus, the decision to ask a caller to complete a survey might have been influenced by the number of problems presented to the I & R specialist. Examination of Table 23 indicates that 82.1% of the callers presented only a single problem to the I & R center.* Further examination

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***This proportion is considerably higher than that in a study of a network of 17 human service agencies reported by Applied Human Service Systems (1972). This network was located in State Region 6 of Massachusetts. Of about 34,000 clients served annually by these 17 agencies, over 50% were found to have more than one problem requiring social services.*

One explanation for the lower WIS rate of only 15.5% of the callers being identified as having two or more problems may be that the WIS program policy was to accept the caller's presenting problem at face value and to avoid over-interpreting or intensively probing for additional problems. This policy was established on the belief that the image of a low-key, helping hand would encourage confidence in the service. Having established the public's confidence in the WIS service, it was assumed that people would feel comfortable to call back for help for other problems when they were ready to seek it. The fact that over 31% of the survey respondents (Table 16) indicated that they had used WIS before suggests that this approach was effective in building user confidence in WIS.

of Table 23 shows that there was an increasing tendency to ask callers to complete a survey as the number of problems presented by the caller increased. The proportion of callers with multiple problems who returned surveys is about 4% greater than that in the population of all callers. But this difference does not seem to pose a treat of undue bias to the survey sample.

By the same token, one might consider the number of facilities recommended to the caller as an indicator of the complexity or severity of his request. In 33.7% of all calls, no facility (which was coded in the resource file*) was recommended (Table 24). In 54.2% of the cases, a single facility was was recommended, and in 12.2% of the calls two or more facilities were recommended. Although there was a greater tendency to ask a caller to complete a survey if two or more facilities were recommended, there was very little difference between the proportion of those asked to complete a survey when no facility was recommended (67.9%) and those asked when only one facility was recommended (63.8%). The sample of callers who returned surveys is slightly over-represented by those who were told about two or more facilities, but again not to a degree that would seem to threaten the representativeness of the sample on this factor.

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* *Only those facilities which were coded on the CIF by a facility number were tabulated. Thus, facilities, which were recommended, but which were not in the file, or which had not been assigned a facility number, were not included in the tabulations.*

Another potential source of bias in the sample of those who completed the survey could be the kind of problem presented to the I & R center. Although an analysis of specific problem-service requests is beyond the scope of this report, it is possible to examine the data from the perspective of the 22 broad service categories used to classify such requests (plus the four additional categories used to classify calls for factual information). Data in Table 25 are presented in rank order from the most frequently requested service category to the least frequently requested category. The most frequent single request (10.4%) was for a telephone number of a facility. The I & R specialists tended to ask fewer people making this kind of inquiry to complete a survey than those of almost any other category. However, overall, there is very close agreement in a comparison among those who were not asked to complete a survey, those who were asked but refused, those who agreed but did not return the survey, and those who did return the survey, with reference to the problem-service category for which they called the I & R center for help. A Kendall coefficient of concordance (W) calculated for the ranks presented in Table 25 for these four groups is equal to .92, indicating a very high degree of association among the four groups of callers with reference to problem-service category. Thus, the callers returning surveys were not substantially different from those who did not respond to the survey with regard to problem-service category.

Amount of time spent directly with the caller did seem to influence whether or not the I & R specialist asked for completion of a survey. The greater the time spent to help the caller, the more likely the I & R specialist was to request the caller to complete a survey (Table 26). The sample of those returning surveys is biased also toward those who required more time for the I & R center to help. But it seems reasonable to assume that many of the briefer transactions were of the factual information sort, so that the influence of this particular bias with regard to the generalizability of the data contained in the surveys may be quite limited.

Almost 90% of all callers were helped within one day (Table 27), and a smaller proportion of these callers were requested to complete surveys than those for whom the center took two or more days to help. However, the proportion of those who returned surveys does not deviate substantially from that of those who did not with regard to the number of days taken by the I & R center to help.

Sixty percent of the callers were helped in the initial contact (Table 28). There was a greater tendency for the centers to ask for the completion of a survey if two or more contacts were required in order to provide services. The proportion of callers for whom two or more contacts by the I & R center were required was about 20% greater among those returning surveys than in the total population of callers. It is difficult to interpret the importance of this difference. On the one hand, callers receiving more attention (by virtue of multiple contacts) might have been more positively inclined in their responses to the evaluative questions. On the other hand, the callers requiring multiple contacts may have received less efficient service, and have been negatively inclined in their responses to the evaluative questions.

Examination of the nature of the additional contacts does not shed much light on this issue. Of the additional contacts, 43.76% involved contacting facilities to obtain information for the caller (Table 29). An additional 37.15% of the contacts beyond the first consisted of calling the inquirer back to give him the requested information.* The other reasons checked by I & R specialists for additional contacts were infrequent compared to these two. The sample of surveys returned is quite congruent with the sample for which no surveys were obtained with regard to this particular factor.

In over 63% of all calls, the most important role perceived by the I & R specialists was to give information only about facilities and services (Table 30)--the primary function of a basic I & R service program. In an additional 28.5% of the calls, the most important role perceived by the specialist was to give information about a factual issue other than facility services, eligibility, or procedures. Although there was some tendency of the specialist to ask the caller to complete a survey if the specialist perceived that more than the simple giving of information was required (e.g., acting as a mediator between the caller and another facility, or arranging a referral with a facility or arranging for a facility to contact the caller), the number of such instances was so small in comparison with those instances in which giving information was

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In order to prevent tieing up the phone lines, a standard procedure in all centers was to tell the caller that the center would call back if it appeared to the specialist that the search for the requested information would take more than a few minutes.

perceived as the most important role, that it is unlikely that the bias in the survey data because of this factor is important. A comparison of the proportions of surveys returned from these various categories with the total population of callers shows very minor variation between the sample of callers returning surveys and those for whom survey data are not available.

The final variable to be considered as a potential influence on the I & R specialist's decision to ask the caller to complete a survey was whether or not, in the specialist's opinion, an appropriate service was found for the caller's needs. In 97.2% of all calls, the specialist indicated that an appropriate service was found, either fully or partially, for the caller (Table 31). In some 442 instances (2.3% of all calls) the specialist indicated that no appropriate service was found. There is little difference as to whether or not a caller was asked to complete a survey between those cases in which only partial help and in which full help was given to the caller (67.3% and 68.2% asked, respectively). However, when no help was given, only 38.0% of the callers were asked to complete the survey. Not surprisingly, 65.5% of these callers refused to complete the survey (compared with 40.3% and 34.0% of those partially and fully helped). However, once the caller agreed to complete the survey, the return rates among the three groups were fairly similar. The sample of surveys returned contains only 38 (0.7%) from those for whom no appropriate service or help could be found. However, because of the relatively low proportion of such cases in the total population of callers, it is unlikely that this under-representation biases the survey data to a degree which might threaten the validy of the evaluation findings which are reported.

SUMMARY Approximately 9.75% of all state office staff time and 0.75% of all paid center staff time were expended in meeting three data collection objectives during the last 18 months of the WIS demonstration. Data collection procedures and forms seemed to work well, and excellent cooperation was given by the centers in helping to meet these program objectives. The strategy to centralize data management activities in the state office so that centers could be freed from this responsibility in order to concentrate their efforts on direct service to the public seemed to work well. A major drawback was the loss of this data processing capability to those centers which continued after the demonstration when the State of Wisconsin failed to continue the program on a statewide basis.

Random sampling procedures were not established for collecting survey data for measuring some of the evaluation criteria. However, comparisons among callers who were not asked to complete surveys, callers who were asked but refused, callers who agreed to complete surveys but did not return them, and callers who did return surveys, indicate little threat to the integrety of the survey data because of biases in the manner in which respondents were obtained. The findings from the survey data seem to be valid.

PART III: Encoding Objectives

CHAPTER 6: Location of the Centers

Two objectives are dealt with in this chapter, both having to do with the selection of locations for the demonstration center sites. Decisions concerning the location of the WIS centers were influenced by one of the principal research questions posed at the inception of the idea for a demonstration program: Would categorical I & R services for the aging be more effective than general I & R services in reaching the elderly population?

OBJECTIVE III-A: *"Implement the franchise approach to create a network of I & R centers."*

Assumption: The franchise approach is an effective way of avoiding unnecessary duplication in the provision of I & R services.

The "franchise approach" in creating a network of I & R centers is simply the use of existing facilities and programs in developing a coordinated, standardized network of several different providers of I & R services. As with the concept of the franchise in commercial activities, the franchise approach for I & R implies a more or less uniform set of procedures for several aspects of operating the program, along with a common identification of all affiliates in the network by an overall program name (the Wisconsin Information Service).

The reason this approach was taken in developing the WIS network stemmed from two quite different concerns. On the one hand, a number of existing I & R services had been identified by the Wisconsin Division on Aging. On the other hand, a variety of different locations and sponsorships were required in order to investigate the question of the effectiveness of categorical I & R services for the aging as compared to general I & R services.

In the face of so many facilities which claimed to be engaged in providing I & R services, it seemed wasteful and certainly a duplication of effort to establish more such programs. It was hoped that a diversity of applications could be obtained from these current providers so that a good balance could be struck among the different sites with regard to the various criteria which were discussed in Chapter 1 (size of population served, mix of urban and rural, etc.)

With regard to the validity of the assumption that the franchise approach would be effective in avoiding duplication in providing I & R services, it is difficult to say whether or not this is true. During the course of the demonstration, other new I & R programs were established to serve other categories of individuals such as drug and alcohol abusers. But the arguments presented in Chapter 3 of this report concerning the possible need for multiple sources of information about community services must cause one pause in thinking about what is meant by the word "duplication." During this demonstration program the validity of this assumption was not established.

Effort

Little effort was required on the part of program staff to identify existing I & R resources in Wisconsin because this groundwork had already been done by the Division on Aging.

Performance

In a report by Johnson and Sennett (1973) prepared for the Wisconsin Division on Aging, some 358 agencies out of an original sample of 2,900 indicated that they provided I & R services in Wisconsin. However, only 82 of these agencies responded to a more detailed survey about their I & R programs. Of these 82, only eight indicated that more than 30% of their agency's budget was given over to I & R. Thus, some question was raised by Johnson and Sennett as to whether or not these respondents fully met one of the criteria set forth for qualification as an I & R service. This criterion was that I & R must be the primary activity of the agency.

Adequacy of Performance

None of the sponsoring agencies selected for the demonstration had a fully-developed I & R service at the time the WIS network began. With the exception of the I & R service sponsored by the United Community Services of Greater Milwaukee, there did not appear to be any well-established I & R programs in Wisconsin which would meet the more stringent criteria for qualifying as an I & R center which were proposed by Bloksberg and Caso (see Chapter 3 of this report). Thus, the measurement criterion of the proportion of I & R centers, which had existed prior to the demonstration, which subsequently joined the network could not applied.

Efficiency and Process

No data concerning the measurement criteria for the efficiency category were gathered in this evaluation. Process variables concerning the characteristics of centers which became part of the program are discussed in Chapter 1, the next section of this chapter, and in Appendix D.

OBJECTIVE V-B-3: *"Locate centers to increase their use by specific segments of the population."*

Assumption: Physical location may determine which segments of the population use the I & R center.

Characteristics of the centers forming the WIS network are given in Table 32. Four were located in district or branch offices of the Social Security Administration; four were located either in Community Action Program (CAP) headquarters or in branch offices sponsored by CAPs; of the four remaining centers, one was located in a county department of social services (county welfare office), another in a senior citizens center, the third in a community mental health center, and the fourth in a county court-house annex (sponsor was a local United Way). Of the centers sponsored by the CAPs, two were in the main offices, one was in a senior craft center which sold various articles made by senior citizens, and one was on the second floor of a community parks and recreation building which had a senior center on the first floor.

Effort The location of three centers in senior citizens settings and of four more in social security offices met the criterion set for this category of evaluation. The special arrangements for the neighborhood centers in Milwaukee added further to the success of the effort to meet the criterion to locate some sites in senior centers.

Performance Inspection of Tables 33-35 and Figures 9-19 indicates an almost universal, and not too surprising finding: Calls received by the I & R center tended to come from the immediate environment in which the center was located. In all cases, the community in which the center was located tended to make greater use of the center than the remainder of the surrounding county. This conclusion is arrived at by considering all calls received by the center in terms of the county or place of residence of the caller, and then converting these figures to a proportion (see the "Percent" column in the second and third sets of columns in Table 33).

Next, this proportion was compared with the actual proportion of people living in that county or place ("Percent" column in the first set of columns of Table 33). If one assumes that the center should receive the same proportion of calls from each county or place as the proportion of population living in that county or place, then the difference between the proportion of calls received and the proportion of residents should be zero. Deviations of this difference from zero indicate either less or more use of the center than would be expected on the basis of population. Negative numbers indicate the degree to which fewer calls were received than would be expected. Postive numbers indicate the degree to which more calls were received than would be expected.

Referring to Table 33, one observes that 67 calls were received from residents of Columbia County (in the catchment area of the Madison Center--01). This represents 3.86% of all calls for which the county geocode is available (second set of columns) and 4.01% of all calls for which both county and minor civil division (MCD) geocodes* are available.

In order to identify the community in which the center is located the MCD geocode must be available. Typically, fewer Caller Interview Forms have this information available. In the case of the Madison center, 1,734 CIFs have county information available, but only 1,671 have both county and MCD information available. Thus, the percent of calls from Columbia

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*The geographic code scheme of the U.S. Bureau of the Census (1972) was utilized for coding the location of the residence of WIS callers. As explained by the Bureau of the Census, "minor civil divisions (MCD) such as towns, townships, precincts, etc., are the primary political and administrative units into which counties or comparable areas are divided [p. IV]."

County appears to be slighly greater when one uses the attenuated total having both county and MCD information available. The overall impact of using the attenuated total on the percents reported is small (compare the two sets of "Dif. Between" columns in Table 33). Figures reported in the remainder of this section of the report refer to the attenuated data base (third set of columns).

Columbia County has 40,150 residents, or 11.48% of the total population (349,728) living in the three counties served by the Madison center. If the residents of Columbia County had made use of the Madison center according to the proportion of people living in the county, 11.48% of the calls received by Madison would have come from there. The difference between the actual proportion of calls received (4.01%) and this expected proportion of 11.48% is -7.47%, which offers some measure of the degree to which the residents of Columbia County under-utilized the services of the Madison center. In contrast, 94.37% of all calls received by Madison came from Dane County, where the center is located. In terms of population, 83% of those served by the Madison center live in Dane County. Thus, Madison was used by 11.37% more of the population living in Dane County than would be expected on the basis of population. More dramatically, 32.15% more of those living in Madison, where the center was located, used the center than would be expected based on the population of Madison (see Figure 9, Page 129).

The differences among the first 12 centers between actual use of the center and the proportion of the resident population served in the city where the center was located ranged from 2.82% to 42.49%, with a median of 23.56%.

In almost all cases, the residents of counties other than the one in which the center is located tended to use the center less than one would expect based on population. The Waukesha center (11) was the only one in which a county not having the center located in it had a higher proportion of users, compared to population, than the county in which the center was located. Even so, the differences between the two were small, and the city in which the center was located did have a much higher rate of utilization than would be expected on the basis of population.

This pattern of use of centers also holds at the neighborhood level. The distribution of callers and comparisons with population proportions for the City of Milwaukee and the various suburban communities is given in Table 34, and is illustrated in Figures 10-14. With only one exception, West Allis, all suburban areas tended to use the Milwaukee center less than one would expect. Some variation in patterns of usage occurred depending on which neighborhood center is considered (Figures 11-14). But when data are aggregated for all sites, these differences wash out (Figure 10).

Similar patterns of use hold when one considers the specific neighborhood in which a branch is located. In the *Metropolitan Milwaukee Fact Book* (Beverstock & Struchert, 1972), Milwaukee County is divided into a number of community areas based on aggregations of census tracts. Data from WIS callers were grouped in the same manner and were compared with population information from the Bureau of the Census in Table 35. As can be readily seen in Figures 15-19, there was a general tendency for those living in a community area in which a branch office is located to use that branch more than those living in areas further away.

Based on these data concerning the proportion of populations using I & R services relative to the location of the center, it seems apparent that many branch or satellite I & R offices may be necessary in order to assure accessibility of everyone to the service. Further research with regard to differenct kinds of publicity may indicate whether it is possible to increase utilization of I & R services in areas in which an office is not located.

Adequacy of Performance

The measurement criterion established for this category of evaluation is the "relative proportion of population segment served across centers in different settings." In order to make the comparison of relative proportion of population segments served, it is necessary to establish the proportion of various population segments in the general populations of the catchment areas served by the centers. This was done by referencing relevant information from the 1970 Census of Population and Housing. Of primary interest in this demonstration program was the segment of the population aged 55 and over. Other population characteristics surveyed were sex of user, family income, educational achievement, and race.

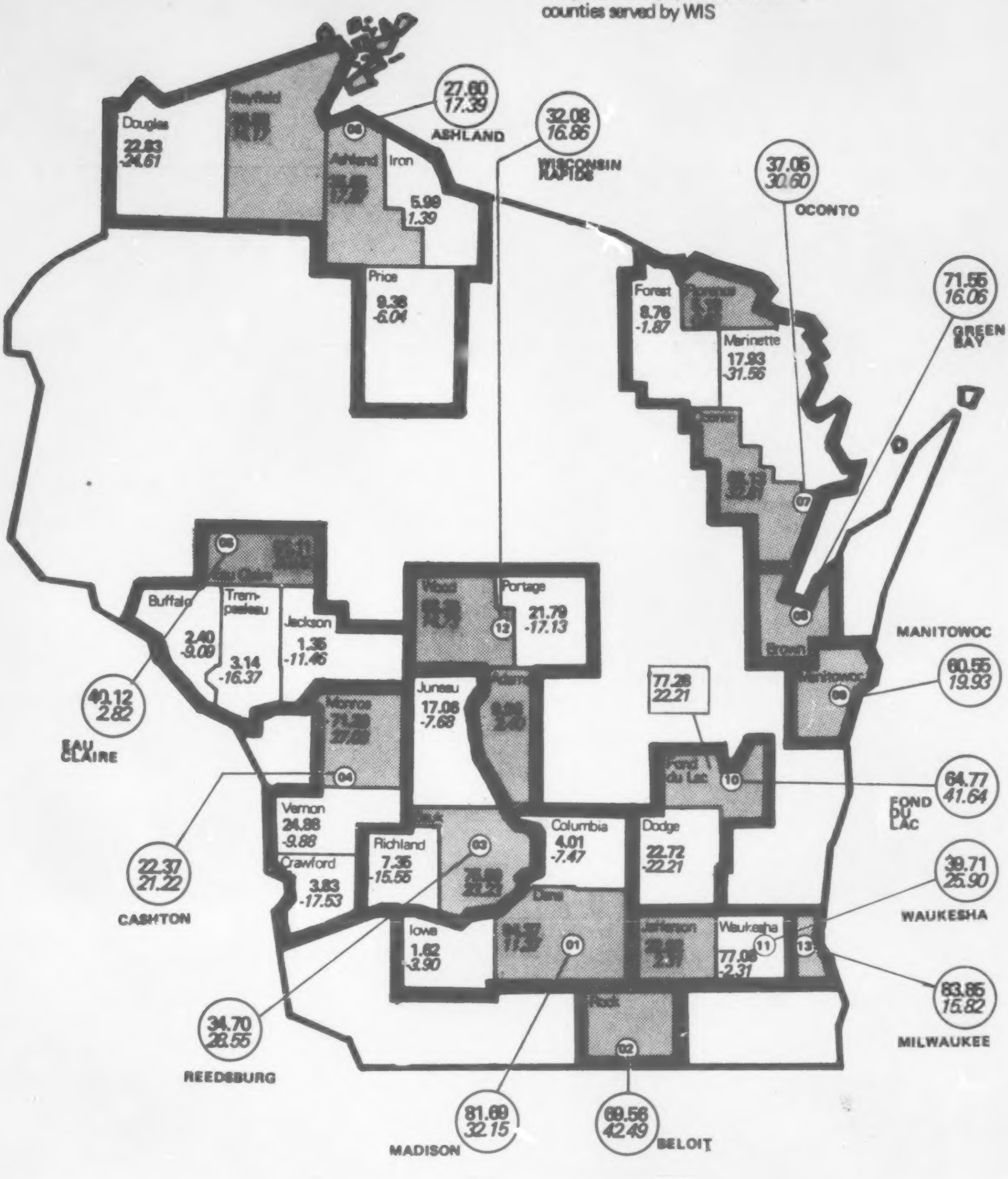
Note for Figures 9-19:

In Figure 9, heavy black lines are used to indicate the catchment area (service area) for each center. Small circles with boldface numbers from 01-13 indicate the approximate location of each center. The top set of numbers in each county (and city of location for each center) is the proportion of all calls received by the center within the heavy black lines received from that particular area. The bottom set of numbers (in italics) indicates the difference between the proportion of calls received from a particular county or city and the proportion of people who reside in that county with reference to the total population of the catchment area. For example, Center 01 is located in the city of Madison. Of all calls received by Center 01, 81.69% came from people living in Madison. Of the total residents living in the three-county area served by Center 01, 49.54% live in Madison. The difference between 81.69% (proportion of callers from Madison) and 49.54% (proportion of residents in Madison) is *32.15%*. Similarly, 4.01% of all calls came from Columbia County (served by Center 01), which has 11.48% of the population served by Center 01. The difference between the proportion of callers and proportion of residents is -7.47. Those areas in which the difference between proportion of callers and proportion of residents is positive (i.e., more people called from the area than would be expected on the basis of population) are shaded grey.

The same conventions are used in Figures 10-14 and Figures 15-19. In Figures 10-14, data are presented for Milwaukee County. Data for the City of Milwaukee are presented in Figures 15-19. The locations of six satellite centers which comprise the Milwaukee Center are indicated by these symbols (in circles):

NW = Northwest Involve
ES = Eastside Involve
WP = Washington Park
UCS = United Community Services
SDC = Social Development Commission
SS = Southside Involve

FIGURE 9: Distribution of calls received by WIS compared with populations residing in counties served by WIS


Douglas
22.83
-24.61
Ashland
Iron
5.99
1.39
Price
9.38
-6.04
27.60
17.39
ASHLAND
32.08
16.86
WISCONSIN RAPIDS
37.05
30.60
OCONTO
Forest
8.76
-1.87
Marinette
17.93
-31.56
07
71.55
16.06
GREEN BAY
08
Brown
MANITOWOC
09
60.55
19.93
05
Eau Claire
Buffalo
2.40
-9.09
Trempealeau
3.14
-16.37
Jackson
1.35
-11.46
40.12
2.82
EAU CLAIRE
Wood
Portage
21.79
-17.13
12
Monroe
04
Juneau
17.06
-7.68
22.37
21.22
CASHTON
Vernon
24.88
-9.88
Crawford
3.83
-17.53
Richland
7.35
-15.55
03
Columbia
4.01
-7.47
77.28
22.21
Fond du Lac
10
64.77
41.64
FOND DU LAC
Dodge
22.72
-22.21
Dane
01
Iowa
1.82
-3.90
Jefferson
Waukesha
11
77.08
-2.31
13
39.71
25.90
WAUKESHA
83.85
15.82
MILWAUKEE
34.70
28.55
REEDSBURG
Rock
02
81.69
32.15
MADISON
69.56
42.49
BELOIT

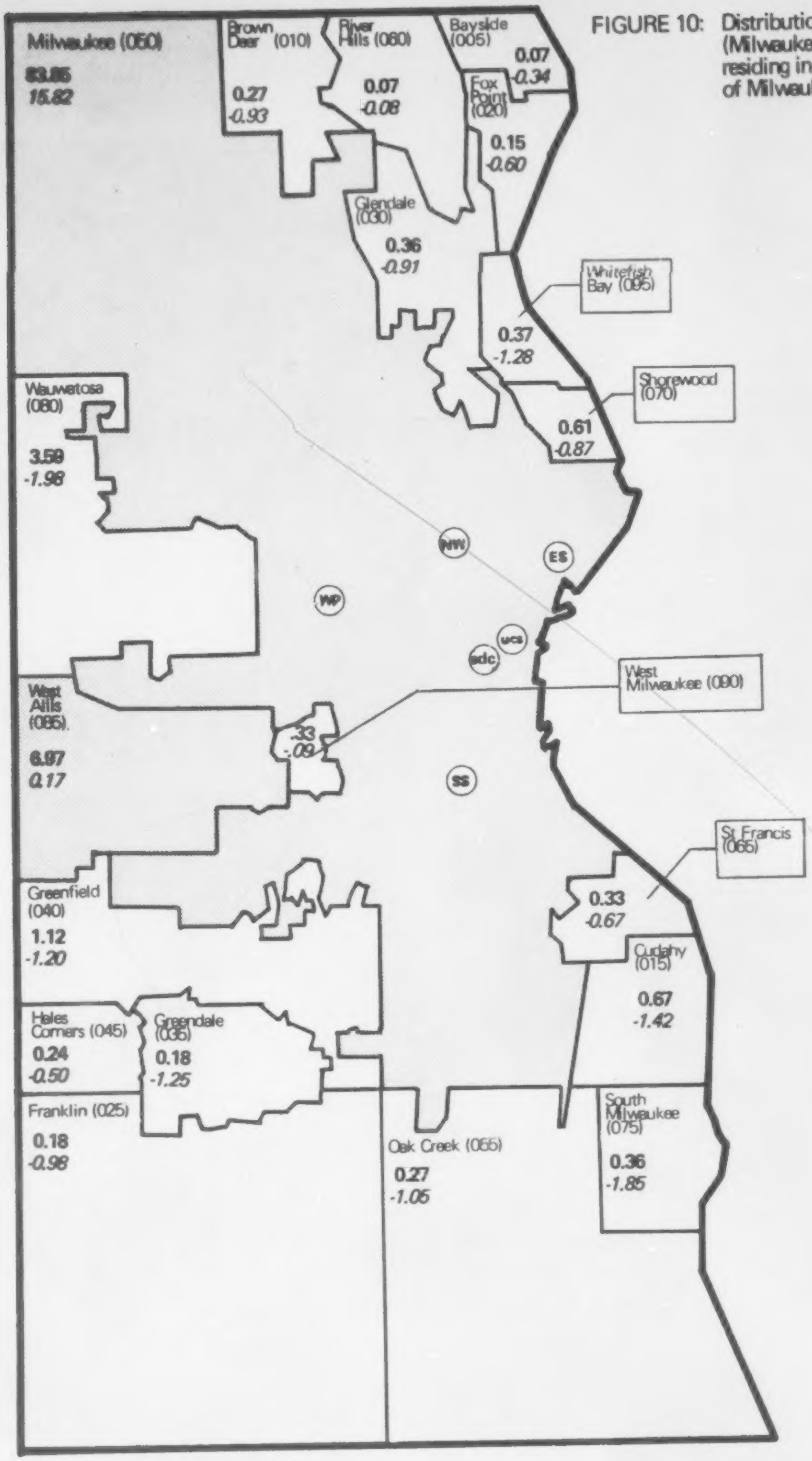

Milwaukee (050)
83.85
15.82
Brown Deer (010)
0.27
-0.93
River Hills (060)
0.07
-0.08
Bayside (005)
0.07
-0.34
Fox Point (020)
0.15
-0.60
Glendale (030)
0.36
-0.91
Whitefish Bay (095)
0.37
-1.28
Shorewood (070)
0.61
-0.87
Wauwatosa (080)
3.59
-1.98
NW
ES
WP
UCS
sdc
West Milwaukee (090)
West Allis (085).
6.97
0.17
.33
-.09
SS
St Francis (065)
0.33
-0.67
Greenfield (040)
1.12
-1.20
Cudahy (015)
0.67
-1.42
Hales Corners (045)
0.24
-0.50
Greendale (035)
0.18
-1.25
Franklin (025)
0.18
-0.98
South Milwaukee (075)
0.36
-1.85
Oak Creek (055)
0.27
-1.05

FIGURE 10: Distribution of calls received by Center 13 (Milwaukee) compared with populations residing in the Minor Civil Divisions of Milwaukee County

FIGURE 11: Distribution of calls received by Washington Park branch compared with populations residing in the Minor Civil Divisions of Milwaukee County

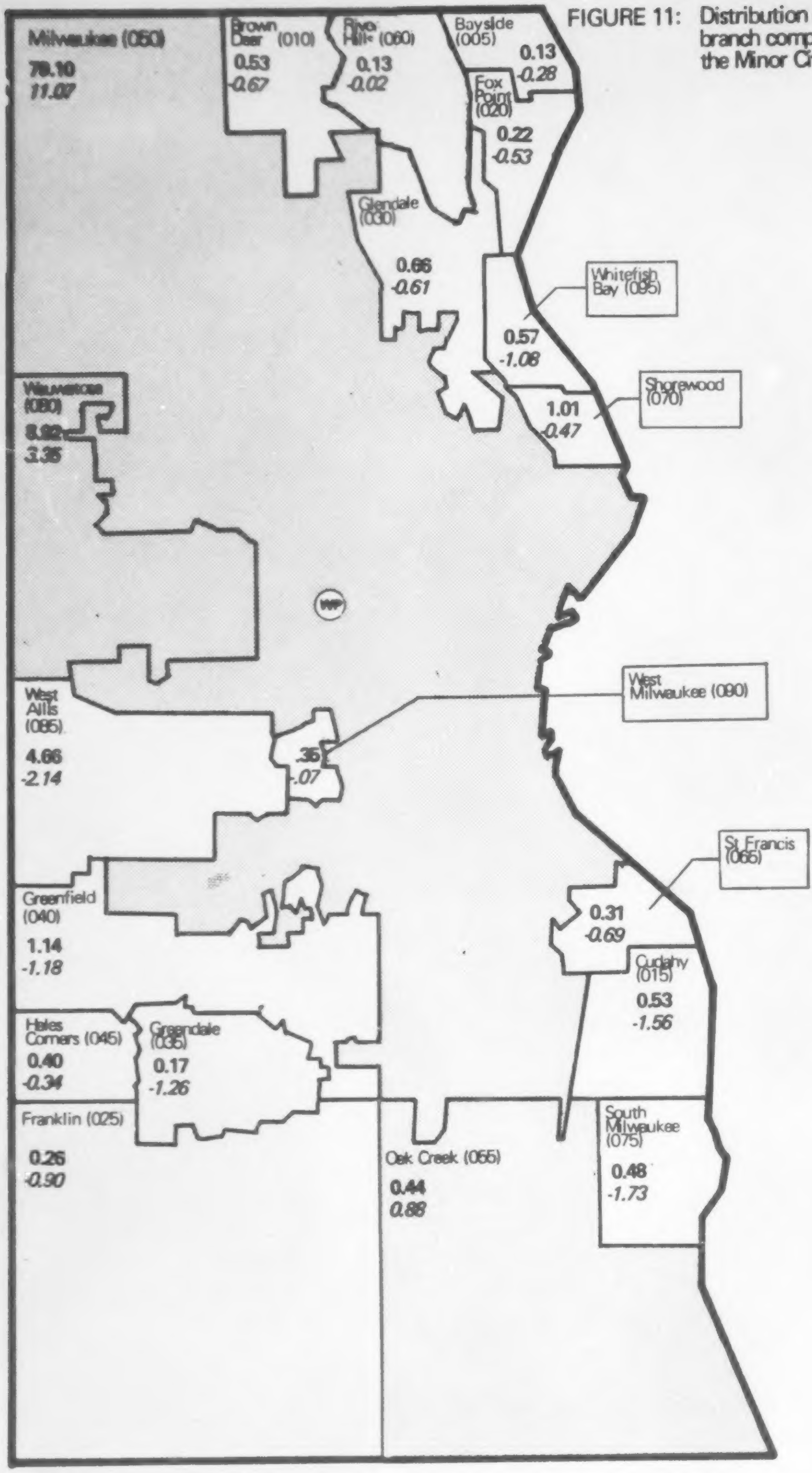
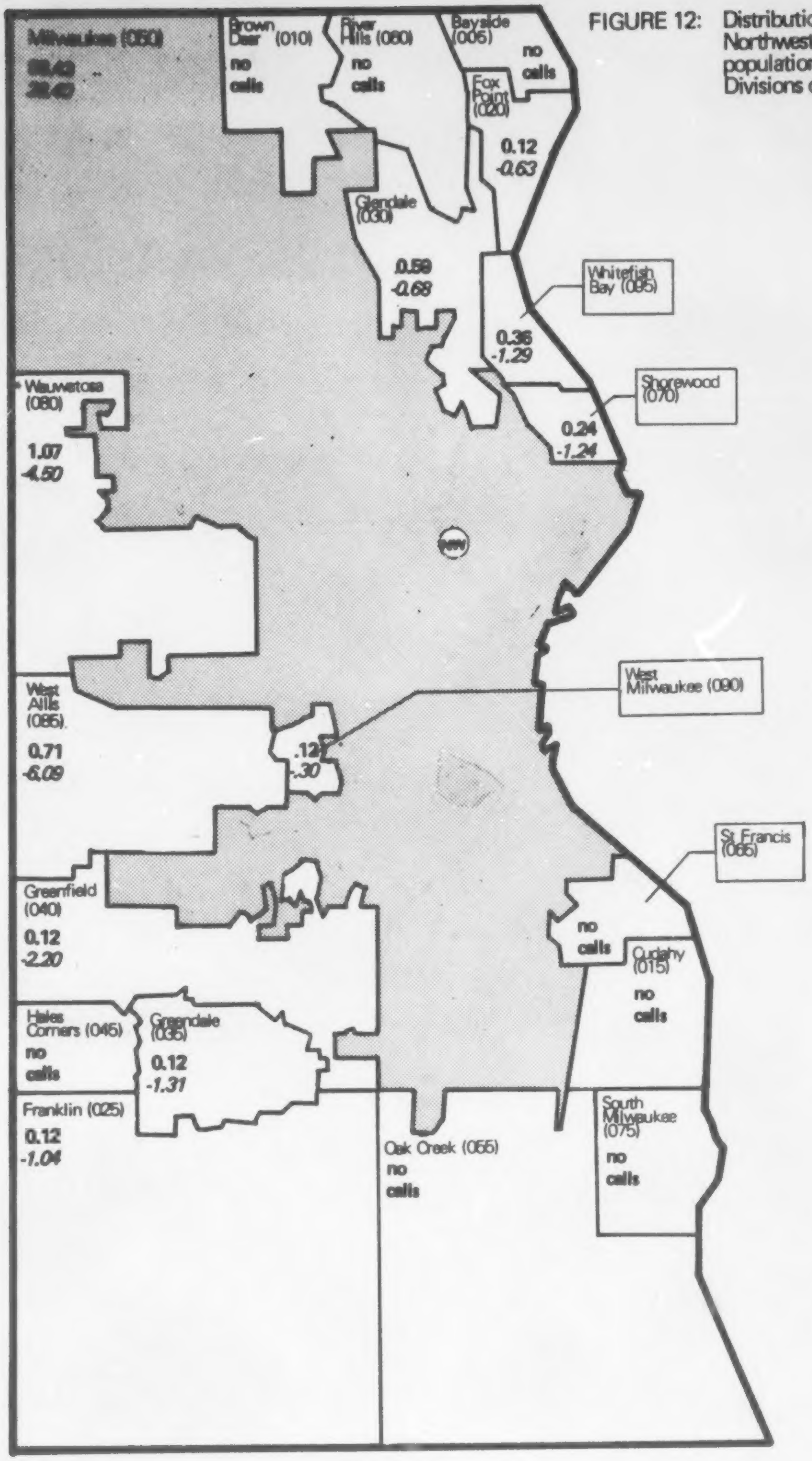

Milwaukee (050)
79.10
11.07
Brown Deer (010)
0.53
-0.67
River Hills (060)
0.13
-0.02
Bayside (005)
0.13
-0.28
Fox Point (020)
0.22
-0.53
Glendale (030)
0.66
-0.61
Whitefish Bay (095)
0.57
-1.08
Shorewood (070)
1.01
-0.47
Wauwatosa (080)
8.92
3.35
WP
West Allis (085)
4.66
-2.14
West Milwaukee (090)
.35
.07
St Francis (065)
0.31
-0.69
Greenfield (040)
1.14
-1.18
Cudahy (015)
0.53
-1.56
Hales Corners (045)
0.40
-0.34
Greendale (035)
0.17
-1.26
Franklin (025)
0.26
-0.90
Oak Creek (055)
0.44
0.88
South Milwaukee (075)
0.48
-1.73

FIGURE 12: Distribution of calls received by the Northwest Involve branch compared with populations residing in the Minor Civil Divisions of Milwaukee County


Milwaukee (050)
[illegible]
[illegible]
Brown Deer (010)
no calls
River Hills (060)
no calls
Bayside (005)
no calls
Fox Point (020)
0.12
-0.63
Glendale (030)
0.59
-0.68
Whitefish Bay (095)
0.36
-1.29
Shorewood (070)
0.24
-1.24
Wauwatosa (080)
1.07
-4.50
NW
West Milwaukee (090)
West Allis (085)
0.71
-6.09
.12
-.30
St Francis (065)
no calls
Greenfield (040)
0.12
-2.20
Cudahy (015)
no calls
Hales Corners (045)
no calls
Greendale (035)
0.12
-1.31
Franklin (025)
0.12
-1.04
Oak Creek (055)
no calls
South Milwaukee (075)
no calls

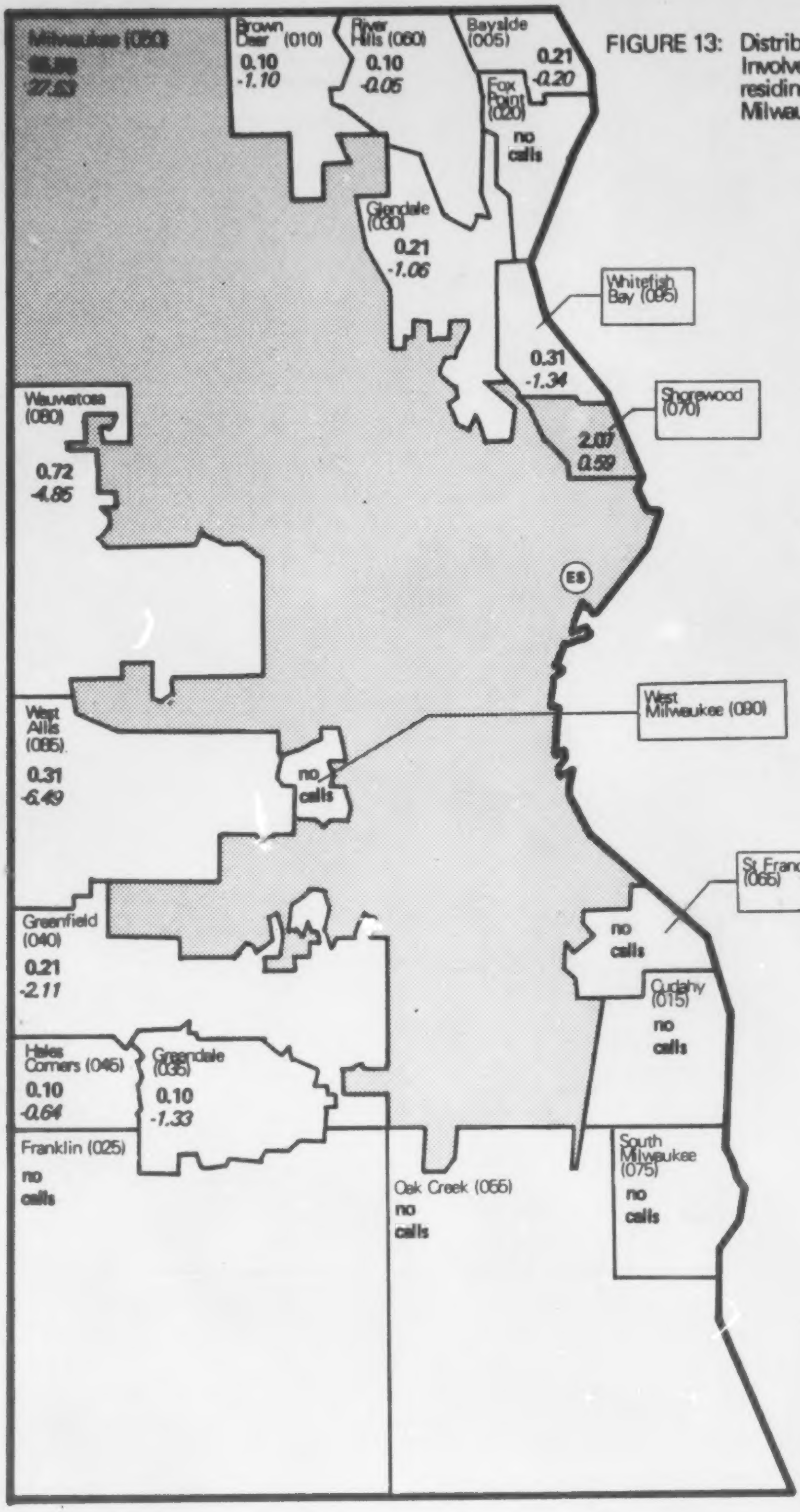

Milwaukee (050)
27.53
Brown Deer (010)
0.10
-1.10
River Hills (060)
0.10
-0.05
Bayside (005)
0.21
-0.20
Fox Point (020)
no calls
Glendale (030)
0.21
-1.06
Whitefish Bay (095)
0.31
-1.34
Shorewood (070)
2.07
0.59
Wauwatosa (080)
0.72
-4.85
ES
West Milwaukee (090)
West Allis (085)
0.31
-6.49
no calls
St Francis (065)
no calls
Greenfield (040)
0.21
-2.11
Cudahy (015)
no calls
Hales Corners (045)
0.10
-0.64
Greendale (035)
0.10
-1.33
Franklin (025)
no calls
Oak Creek (055)
no calls
South Milwaukee (075)
no calls

FIGURE 13: Distribution of calls received by the Eastside Involve branch compared with populations residing in the Minor Civil Divisions of Milwaukee County

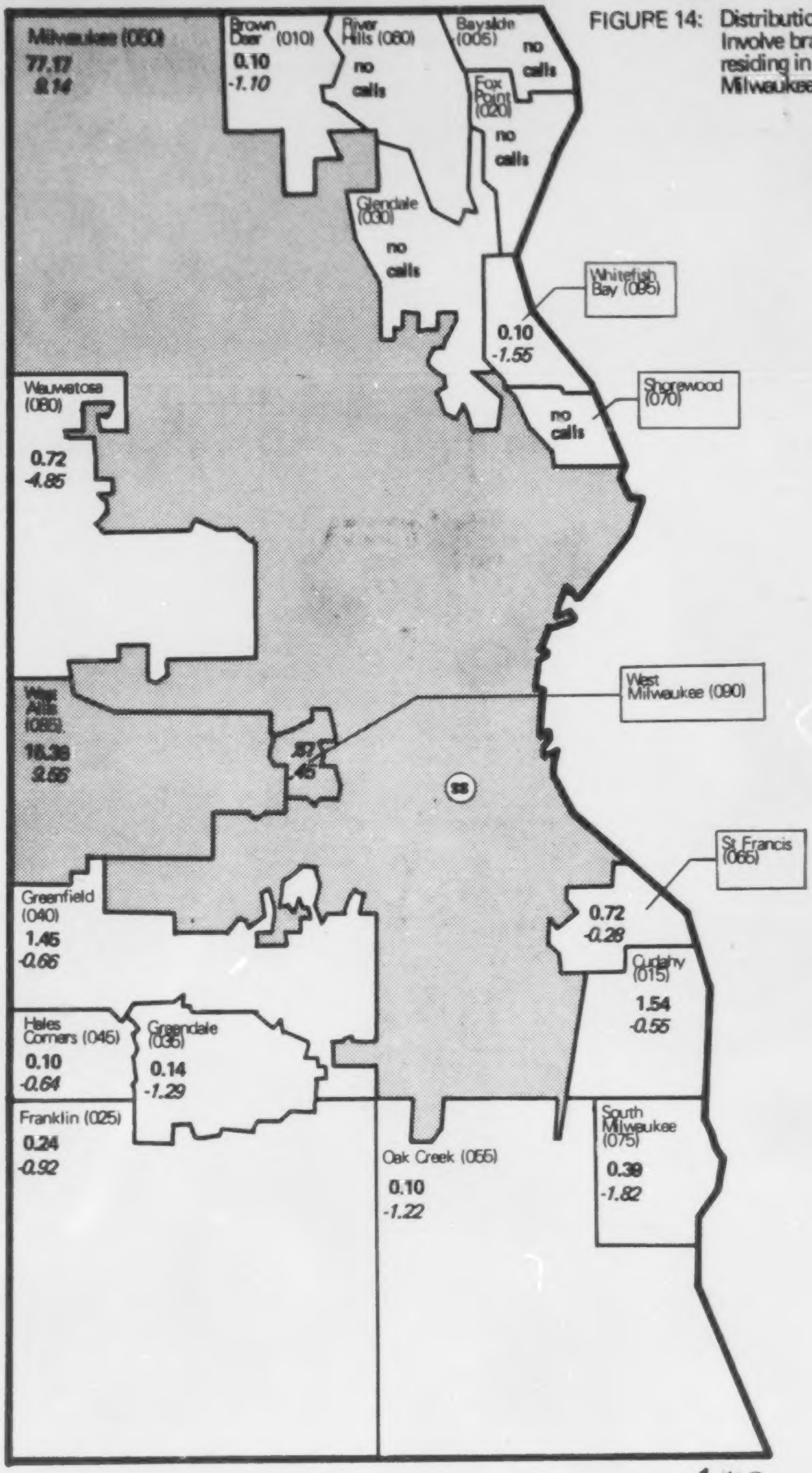


FIGURE 14: Distribution of calls received by the Southside Involve branch compared with populations residing in the Minor Civil Divisions of Milwaukee County

Milwaukee (050)
77.17
8.14
Brown Deer (010)
0.10
-1.10
River Hills (060)
no calls
Bayside (005)
no calls
Fox Point (020)
no calls
Glendale (030)
no calls
Whitefish Bay (095)
0.10
-1.55
Shorewood (070)
no calls
Wauwatosa (080)
0.72
-4.85
West Milwaukee (090)
.57
.45
West Allis (085)
16.36
9.65
SS
St Francis (065)
0.72
-0.28
Greenfield (040)
1.45
-0.66
Cudahy (015)
1.54
-0.55
Hales Corners (045)
0.10
-0.64
Greendale (035)
0.14
-1.29
Franklin (025)
0.24
-0.92
Oak Creek (055)
0.10
-1.22
South Milwaukee (075)
0.39
-1.82

178

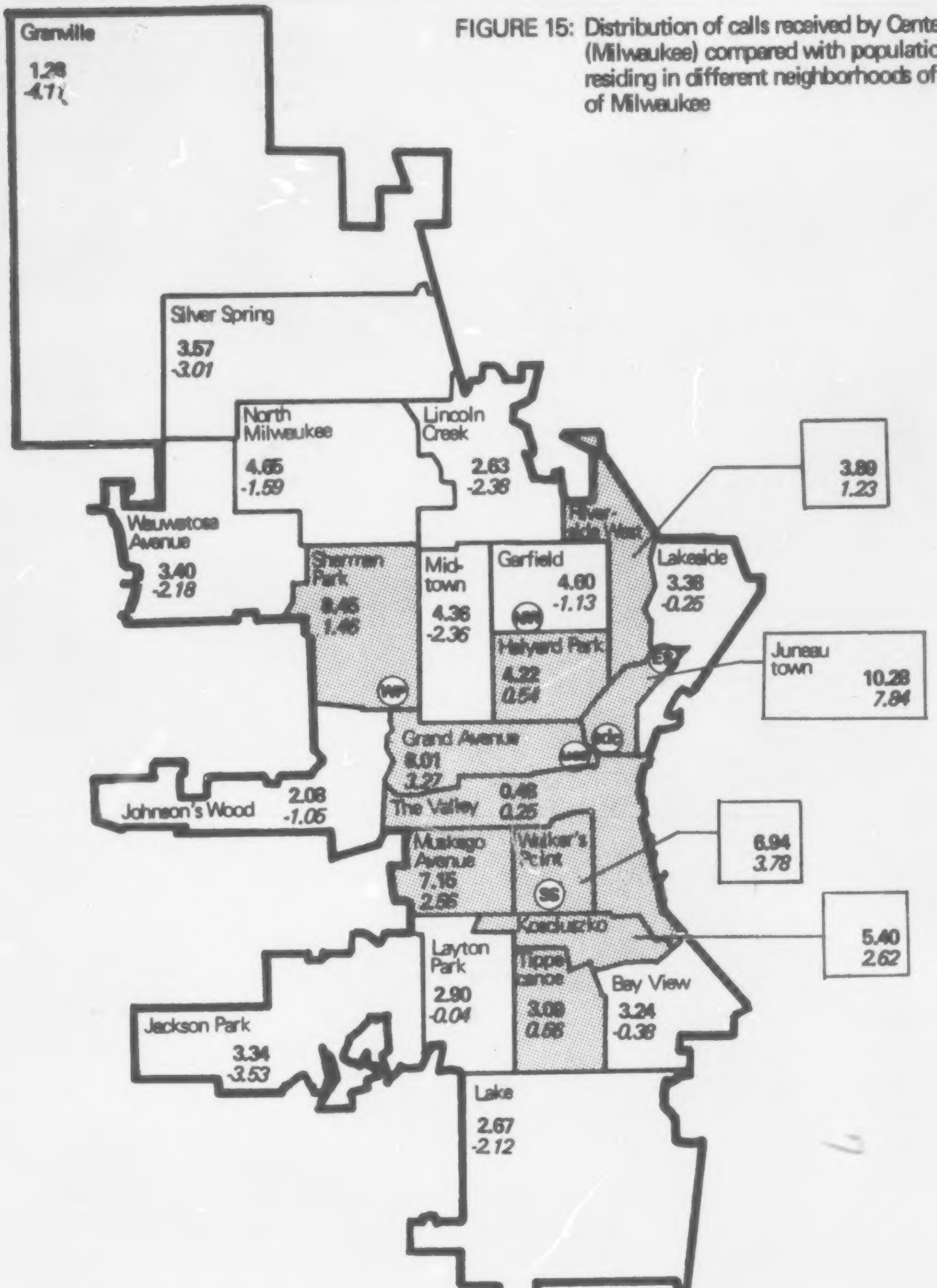
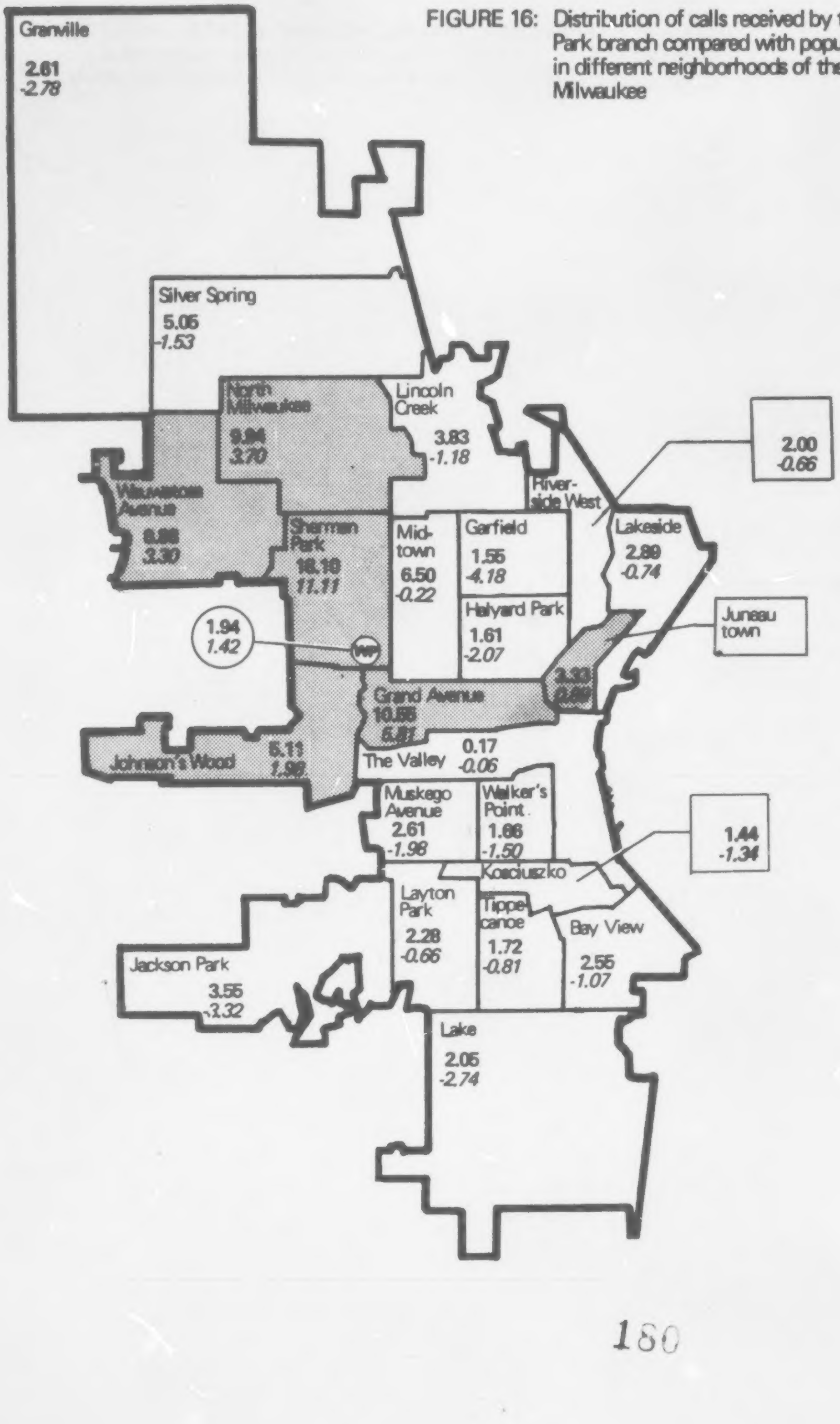

Granville
1.28
-4.71
Silver Spring
3.57
-3.01
North Milwaukee
4.65
-1.59
Lincoln Creek
2.63
-2.38
Wauwatosa Avenue
3.40
-2.18
Riverside West
3.89
1.23
Sherman Park
8.45
1.46
Mid-town
4.36
-2.36
Garfield
4.60
-1.13
Lakeside
3.38
-0.25
Halyard Park
4.22
0.54
Juneau town
10.28
7.84
Grand Avenue
6.01
3.27
Johnson's Wood
2.08
-1.05
The Valley
0.48
0.25
Muskego Avenue
7.15
2.56
Walker's Point
SS
6.94
3.78
Kosciuszko
5.40
2.62
Layton Park
2.90
-0.04
Tippecanoe
3.09
0.66
Bay View
3.24
-0.38
Jackson Park
3.34
-3.53
Lake
2.67
-2.12

FIGURE 15: Distribution of calls received by Center 13 (Milwaukee) compared with populations residing in different neighborhoods of the City of Milwaukee

FIGURE 16: Distribution of calls received by the Washington Park branch compared with populations residing in different neighborhoods of the City of Milwaukee


Granville
2.61
-2.78
Silver Spring
5.06
-1.53
North Milwaukee
9.94
3.70
Lincoln Creek
3.83
-1.18
2.00
-0.66
River-side West
Wauwatosa Avenue
8.88
3.30
Sherman Park
18.10
11.11
Mid-town
6.50
-0.22
Garfield
1.55
-4.18
Lakeside
2.89
-0.74
1.94
1.42
WP
Halyard Park
1.61
-2.07
Juneau town
3.33
2.89
Grand Avenue
10.55
5.81
Johnson's Wood
6.11
1.98
The Valley
0.17
-0.06
Muskego Avenue
2.61
-1.98
Walker's Point
1.66
-1.50
1.44
-1.34
Kosciuszko
Layton Park
2.28
-0.66
Tippecanoe
1.72
-0.81
Bay View
2.55
-1.07
Jackson Park
3.55
-3.32
Lake
2.05
-2.74

180

FIGURE 17: Distribution of calls received by the Northwest Involve branch compared with populations residing in different neighborhoods of the City of Milwaukee

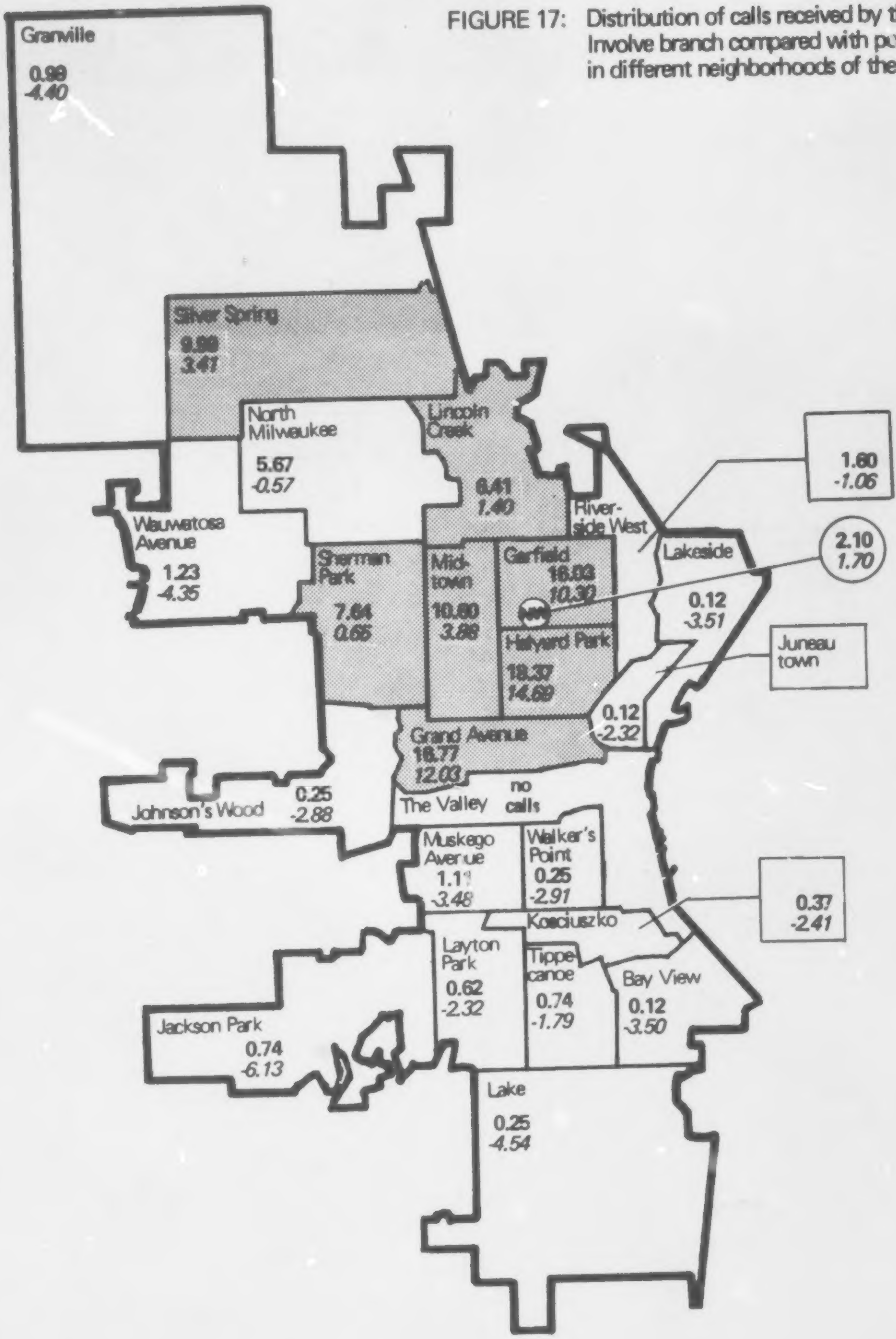
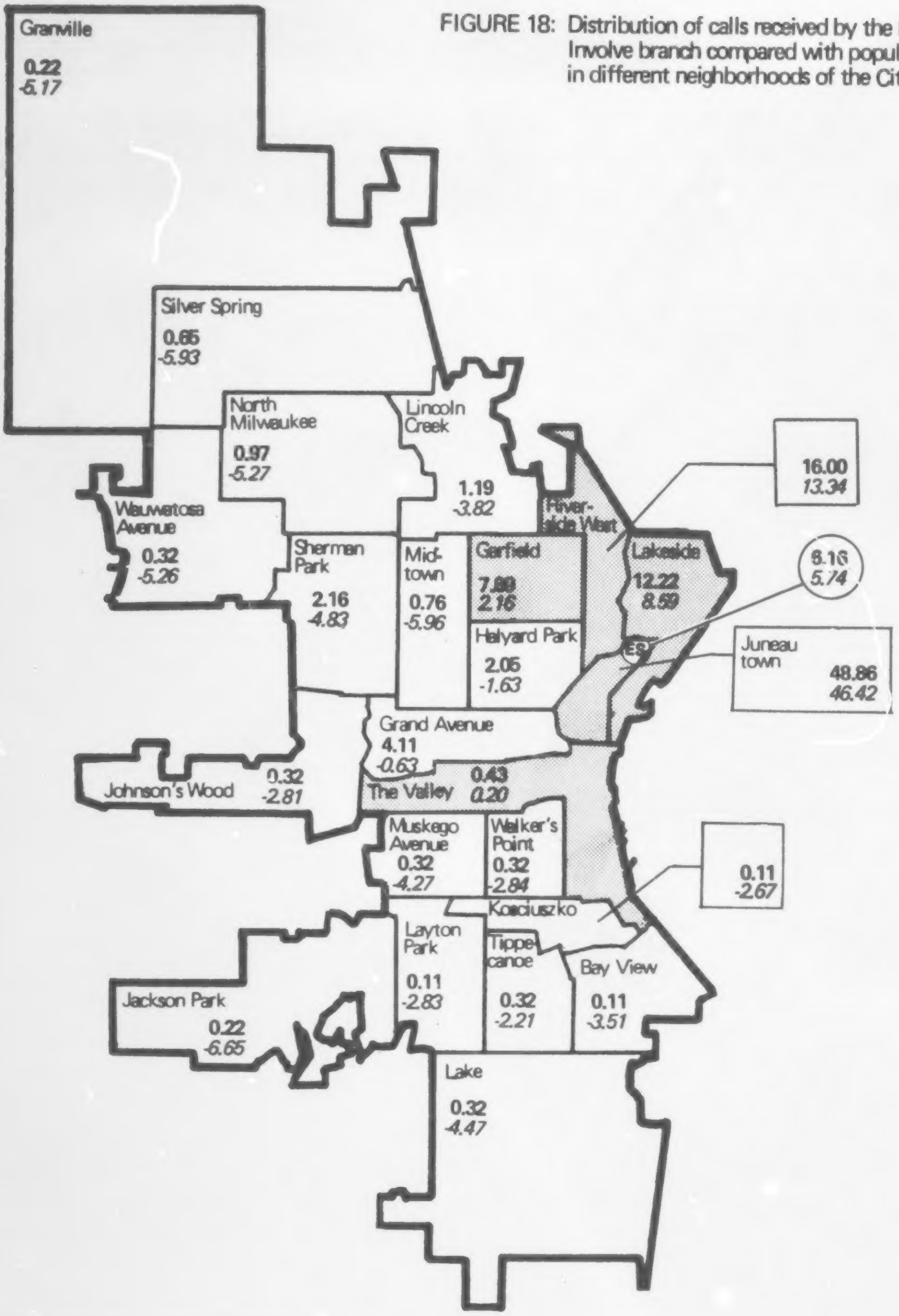

Granville
0.99
-4.40
Silver Spring
9.99
3.41
North Milwaukee
5.67
-0.57
Lincoln Creek
6.41
1.40
Riverside West
1.60
-1.06
Wauwatosa Avenue
1.23
-4.35
Sherman Park
7.64
0.65
Mid-town
10.60
3.88
Garfield
16.03
10.30
NW
2.10
1.70
Lakeside
0.12
-3.51
Halyard Park
18.37
14.69
Juneau town
0.12
-2.32
Grand Avenue
16.77
12.03
Johnson's Wood
0.25
-2.88
The Valley
no calls
Muskego Avenue
1.11
-3.48
Walker's Point
0.25
-2.91
Kosciuszko
0.37
-2.41
Layton Park
0.62
-2.32
Tippecanoe
0.74
-1.79
Bay View
0.12
-3.50
Jackson Park
0.74
-6.13
Lake
0.25
-4.54

FIGURE 18: Distribution of calls received by the Eastside Involve branch compared with populations residing in different neighborhoods of the City of Milwaukee


Granville
0.22
-5.17
Silver Spring
0.65
-5.93
North Milwaukee
0.97
-5.27
Lincoln Creek
1.19
-3.82
River-side West
16.00
13.34
Wauwatosa Avenue
0.32
-5.26
Sherman Park
2.16
-4.83
Mid-town
0.76
-5.96
Garfield
7.89
2.16
Lakeside
12.22
8.59
8.16
5.74
ES
Halyard Park
2.05
-1.63
Juneau town
48.86
46.42
Grand Avenue
4.11
-0.63
Johnson's Wood
0.32
-2.81
The Valley
0.43
0.20
Muskego Avenue
0.32
-4.27
Walker's Point
0.32
-2.84
0.11
-2.67
Kosciuszko
Layton Park
0.11
-2.83
Tippe-canoe
0.32
-2.21
Bay View
0.11
-3.51
Jackson Park
0.22
-6.65
Lake
0.32
-4.47

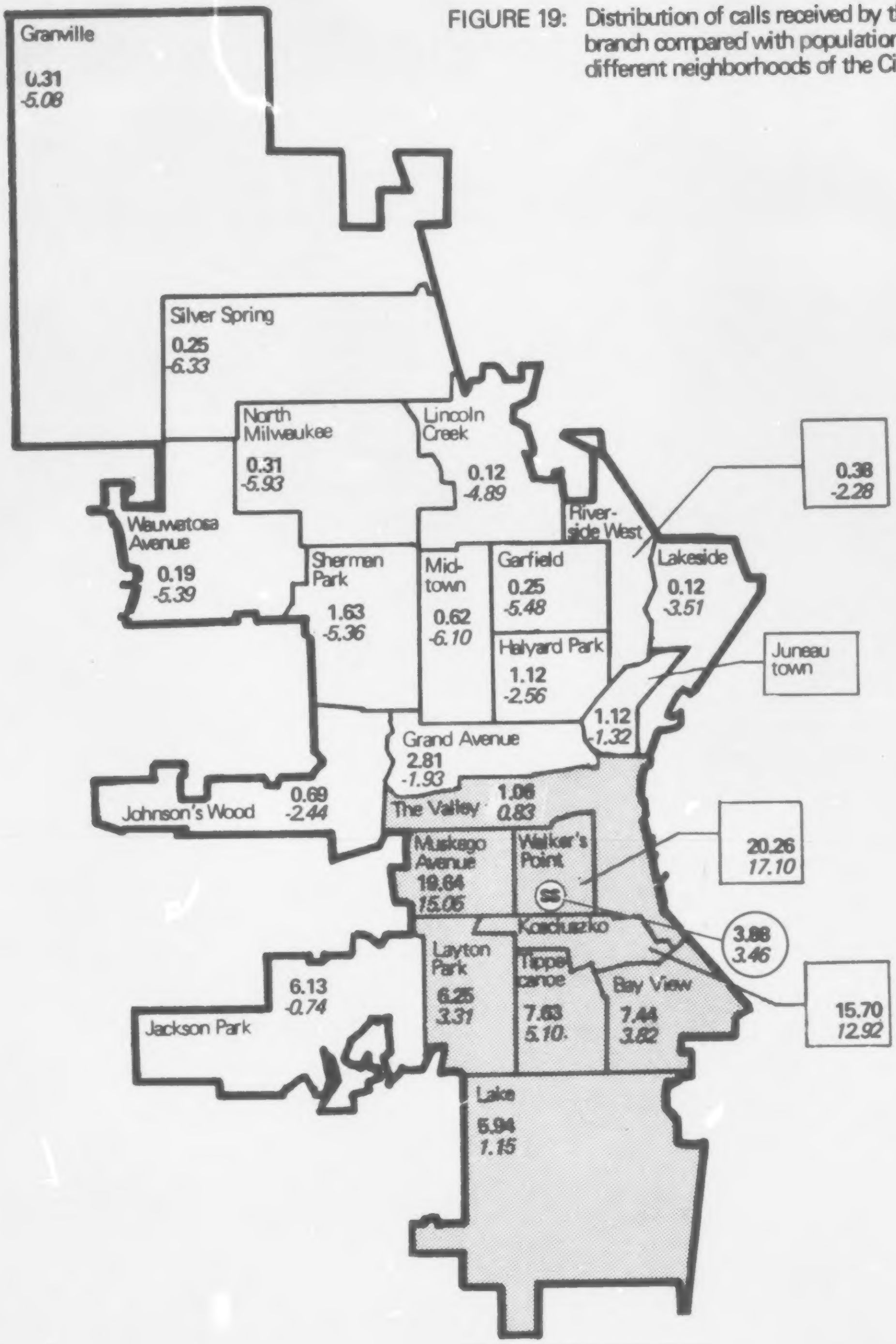


FIGURE 19: Distribution of calls received by the Southside branch compared with populations residing in different neighborhoods of the City of Milwaukee

Granville
0.31
-5.08
Silver Spring
0.25
-6.33
North Milwaukee
0.31
-5.93
Lincoln Creek
0.12
-4.89
0.38
-2.28
Wauwatosa Avenue
0.19
-5.39
River-side West
Sherman Park
1.63
-5.36
Mid-town
0.62
-6.10
Garfield
0.25
-5.48
Lakeside
0.12
-3.51
Halyard Park
1.12
-2.56
Juneau town
1.12
-1.32
Grand Avenue
2.81
-1.93
Johnson's Wood
0.69
-2.44
The Valley
1.06
0.83
Muskego Avenue
19.64
15.06
Walker's Point
SS
20.26
17.10
Kosciuszko
3.88
3.46
Jackson Park
6.13
-0.74
Layton Park
6.25
3.31
Tippe-canoe
7.63
5.10
Bay View
7.44
3.82
15.70
12.92
Lake
5.94
1.15

In order to make comparisons with data from the 1970 Census, it was necessary to identify callers by at least county of residence. Because all CIFs were not coded with this information, and because some calls came from outside of the centers' catchment areas, some data had to be sacrificed for this portion of the analysis. Fortunately, as can be seen from Table 36, only about eight percent of the survey data were not usable because of a missing county code, or the caller's residence being outside of a center's catchment area. As can be seen from the eighth and ninth sets of columns in Table 36, the attenuation of these data has little effect on the relative proportion of data available from each center within the network. That is, the respresentativeness of the attenuated sample is not greatly different from the full sample with regard to distribution of data by center.

Data for the individual centers on each of the five variables, age, sex, family income, educational achievement, and race, are presented in Tables 37-41. With reference to age (see Table 42), the centers sponsored by CAPs tended somewhat to have higher proportions of users in the older age groups, but the overall differences among centers sponsored by the Social Security Administration, CAPs, and others was not substantial.* On the whole, all centers tended to be used

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A X^2 test for K independent samples on the data in Table 42 resulted in $X^2=10.37$. With 6 degrees of freedom, this value is significant at the .11 level, which suggests the possibility of some difference among the three groups. However, the difference in the number of older persons served by the CAP centers may be due to the generally higher proportion of older persons living in the areas served by these centers (see "Population" rows in Table 42), rather than to properties of the host agencies themselves.

by persons over the age of 60 more than would be expected based on the proportion of these individuals in the general population. Those over the age of 75, however, tended to use all centers less than would be expected (Table 37).

The three centers located in sites serving senior citizens fared no better (or worse) in reaching the aging. The proportion of older persons served in these three centers (Table 43) does not vary markedly from the groupings of centers in Table 42, nor from the differences between proportions of older persons served and the proportion of older persons in the general population. One striking exception does occur, however. When data from Milwaukee were included with those for the other three senior centers for the time period during which the Milwaukee center operated (December 1, 1973, through September, 1974), a very definite increase in the proportion of older persons served was seen (Table 44). However, this increase was due entirely to Milwaukee's inclusion in the data (see Table 37).

The participation of Milwaukee in the WIS network was predicated on the condition that the program maintain a relatively low visability in the community, and that service to the aging be emphasized. These conditions were set by the sponsoring agencies in Milwaukee in order to satisfy the concerns of other agencies in the community which were hesitant about the introduction of the WIS program in Milwaukee. The result of these conditions, which required a heavy emphasis on service to the aging, seemed to be that many more older persons were reached by these neighborhood centers than were reached by the rest of the centers which emphasized service to the general public.

Nevertheless, even in the case of the twelve centers which served the general public, it should be noted that substantial portions of the aging population were reached. In fact, more persons over the age of 55 used these centers than would be expected on the basis of population. Of all users in Centers 1-12, 22.32% were 55 years of age or older; the proportion of persons 55 years and older in the general population served by these centers was 18.92%.

In general, more than twice as many women called the WIS centers as did men (Table 45). In the centers sponsored by agencies other than the Social Security Administration or CAPs, the ratio was almost three to one. When compared with the proportion of males and females in the general population, it appears that men used the I & R service considerably less than would be expected on the basis of population.

With regard to family income (Table 46), about half of the callers responding to this item reported incomes of less than $8,000 per year, and about half had incomes over $8,000 per year. In the case of those who contacted centers sponsored by CAPs, almost twice as many had incomes under $8,000 per year as those who called who had incomes over that amount. In terms of the distribution of income among the general population, the centers sponsored by the Social Security Administration tended to be used less by those with higher incomes than in the other two groups of centers. All centers tended to be used much more by those with incomes less than $8,000 than by those with higher incomes.

There was a tendency for persons with more education to use the I & R service (Table 47). Almost half of all users had at least experienced some high school. Over 39% had attended college. The centers sponsored by the Social Security Administration tended to be used the most by those having college experience (46.44% had at least some college education), although these data may have been an artifact due to the location of one of the centers in a city with a large university (see Table 40). Compared with the educational achievement of the general population, I & R users tended on the whole to have attended more years of school than would be expected on the basis of population.

This finding is somewhat surprising, considering that educational achievement and income level tend to be positively correlated, and that a large proportion of WIS users reported relatively low incomes. Perhaps this discrepancy can be explained by the relatively high proportion of respondents who indicated that they had had one to three years of college experience. This may represent a large student group which was relatively impecunious because its members had not yet entered the work force.

An extremely high proportion of the population served by the WIS centers was white (Table 48). However, the proportion of minority individuals served was in agreement with the proportion of minority individuals in the general population. On the whole, slightly more individuals belonging to minority groups made use of the WIS centers than would be expected on the basis of population.

Efficiency

Variations in the cost of operating centers under different sponsoring agencies tended to be accounted for in terms of obvious factors such as where the center was located.

Those in smaller towns tended to cost less than those in larger cities.

Process Some minor variations occurred among the three groupings of centers with regard to utilization by private individuals calling for themselves and facilities calling for a client or some other reason (Table 49). A slightly smaller proportion of calls came from private individuals calling for themselves in the centers sponsored by Social Security Administration offices. Centers sponsored by CAPs tended to receive fewer calls from facilities calling on behalf of a client than the other two groups. And the centers sponsored by agencies other than the SSA or CAPs tended to receive less calls from facilities requesting information only. However, the difference among these groupings did not indicate any highly differentiating trends among the four classes of callers shown in Table 49.

With regard to repeat callers, the centers sponsored by CAPs tended to have about 10% more repeat users than the other two groups (Table 50). One center within those sponsored by a CAP showed over 50% of those completing the IRUS as being a repeat caller. This finding may be explained in part by the fact that most of the centers sponsored by CAPs served populations who were economically depressed and who lived in non-urban areas. Thus, both the need for services and the availability of services in the areas served by the CAP centers may have influenced the greater number of recontacts to the I & R center.

With regard to how private individuals calling for themselves contacted the centers, the CAP centers had a larger number of walk-ins than the other two groups. However, examination of the data for the individual centers shown in Table 51 indicates considerable variability within each group, so that it was difficult to draw any general conclusions from this finding. On the whole, the main method for contacting the WIS I & R centers was by telephone. This finding is consistent with previous research done with other I & R programs (see Long, et al., 1971).

CHAPTER 7: Publicizing the Centers' Services

A major task of almost any component of the delivery system is to make its services known to those members of the recipient system who may benefit from them. Through the process of publicity, the boundaries of the delivery system are made more permeable, thus facilitating the access of services to members of the recipient system. Two objectives were established to facilitate access of the public to the WIS program. The first concerned publicity in general and is discussed in Section 1. The second was a special method of making the I & R program known, outreach, and is discussed in Section 2.

SECTION I: General Publicity Efforts

OBJECTIVE V-B-2: *"Provide publicity for the I & R center."*

Assumption: Publicity is an effective method for directing the attention of the general public and certain specified segments of the population to facilities and services that may be of use to them.

Although it may be valid to say that publicity is an effective method for directing the attention of the general public to services which may be of use, data gathered during the demonstration indicated that other factors were more effective. Specifically, word-of-mouth seems to have been the most effective way of alerting the public to the availability of the WIS program. For example, over 23% of all callers reported that they had heard of the WIS center through an agency or facility (Table 52); another 16.2% had heard of WIS through a friend or family member.

In general, the amount of effort expanded on various publicity techniques seemed to correlate somewhat with how users had heard of the center. For example, among the various media, radio and newspapers were most frequently mentioned as the source from which the user had learned of WIS. There was considerable activity by the centers in publicizing their centers through these media (Table 53). On the other hand, much less effort was made by the centers to use television as a medium for publicizing their services, and only 3.5% of the users indicated that they had heard of WIS through television.

Effort

Information is presented about the centers' publicity efforts in Table 53. It should be noted that the figures reported in this table are very crude approximations. Although all centers attempted to monitor their efforts with regard to publicity, it was often impossible to keep track of all radio spots, newspaper ads, and so on in multi-county areas. The information presented in Table 53, however, provides some idea of the kinds of publicity activities that took place in the various centers. More detailed information about the publicity efforts of the individual centers is given in Appendix I.

In terms of overall staff effort, the centers devoted about 4% of paid staff time to publicity over the last 18 months of the demonstration. The state office spent about 5% of its paid staff time in the area of publicity. At the state level, this effort was accomplished primarily by a publicity expert hired for a period of about eight months at the beginning of the program. Prior to the opening of the centers the publicity expert developed scripts for radio and TV spots, and prepared a number of designs for use in newspaper ads and posters (see Figure 20). Detailed information on the time and cost of developing, disseminating, and monitoring publicity materials are not available.

Performance, Adequacy of Performance, & Efficiency

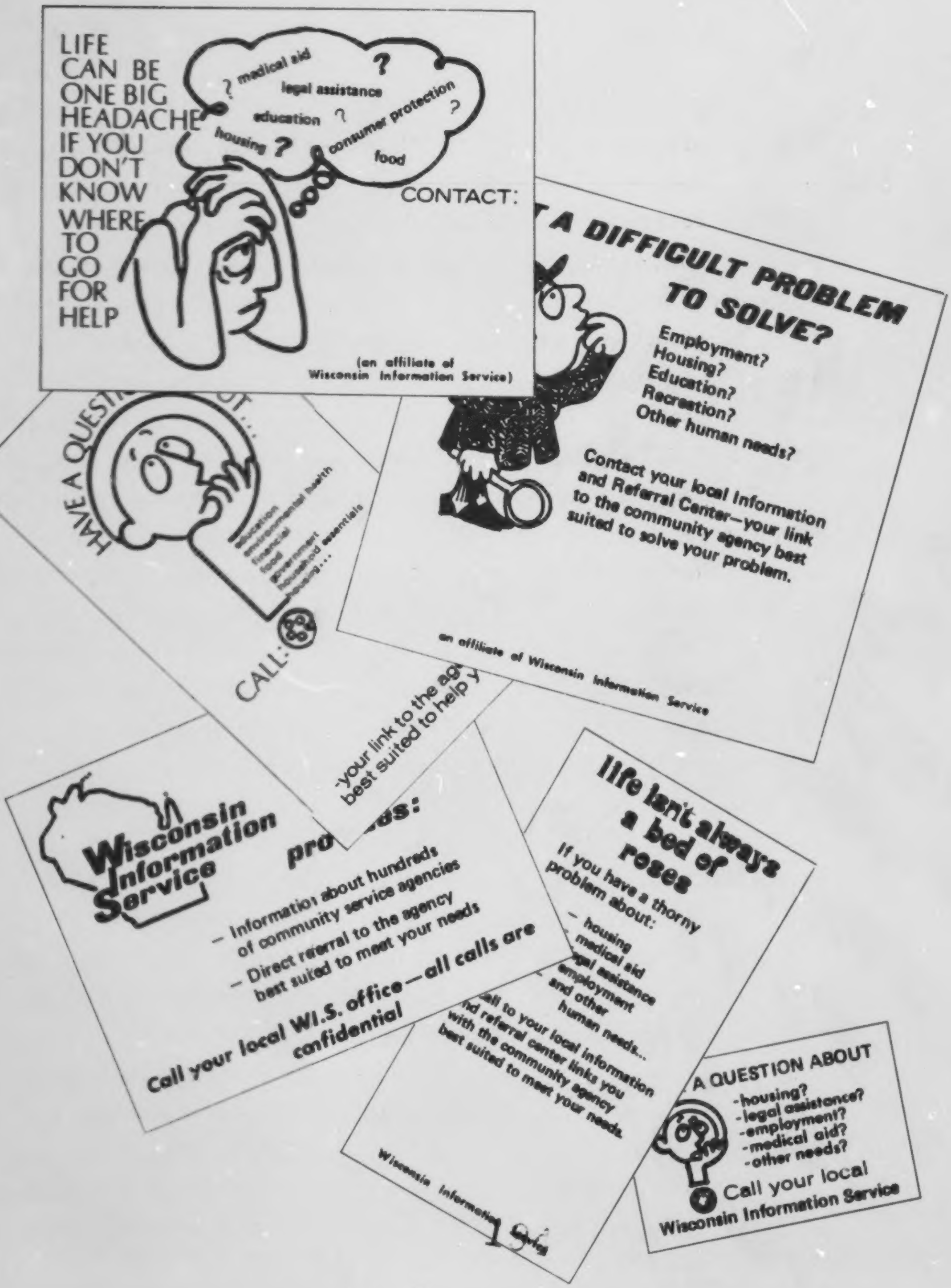
No further information concerning the criteria established for these evaluation categories is available. Outreach, as an alternative publicity method, is discussed in the next section.

Process

The tailoring of a publicity program to the local area seemed to be very important to ensure its success. It was also important for the staff of the I & R center to be outgoing and effective in meeting members of the public, from the business sector, the services sector, and the representatives of organized religions.

The effectiveness of various media in reaching different demographic groups is shown in Tables 54-58. With very few exceptions, no particular publicity technique was more or less effective in reaching various subgroups of the population. The primary exception with regard to age (Table 54) was the effectiveness of the WIS outreach effort. Although the largest number of respondents to the IRUS fell into the age category of 25-34 years (21.5% of all respondents answering this question), only 10.9% reported hearing of WIS through outreach. Over 30% of those who indicated that the outreach program was how they first heard of WIS fell into the 65-74 age category, although only 14.7% of all respondents

Figure 20: Samples of WIS Newspaper Ads and Poster Designs


LIFE CAN BE ONE BIG HEADACHE IF YOU DON'T KNOW WHERE TO GO FOR HELP
? medical aid
?
legal assistance
education ?
?
consumer protection
housing ?
food
CONTACT:
(an affiliate of Wisconsin Information Service)
A DIFFICULT PROBLEM TO SOLVE?
Employment?
Housing?
Education?
Recreation?
Other human needs?
Contact your local Information and Referral Center—your link to the community agency best suited to solve your problem.
an affiliate of Wisconsin Information Service
HAVE A QUESTI… …UT…
education
environmental health
financial
food
government
household essentials
housing . . .
CALL:
-your link to the ag… best suited to help y…
Wisconsin Information Service
pro… …es:
– Information about hundreds of community service agencies
– Direct referral to the agency best suited to meet your needs
Call your local WI.S. office—all calls are confidential
life isn't always a bed of roses
If you have a thorny problem about:
– housing
– medical aid
– legal assistance
– employment
– and other human needs...
…all to your local information …nd referral center links you with the community agency best suited to meet your needs.
Wisconsin Information Service
… A QUESTION ABOUT
-housing?
-legal assistance?
-employment?
-medical aid?
-other needs?
Call your local Wisconsin Information Service

were in this age group. As is discussed in the next section, this difference is not surprising, because the outreach program made a special effort to reach the older age group.

Men tended to hear of WIS somewhat more from outreach and posters and somewhat less from facilities and agencies than would be expected on the basis of their proportion in the sample of survey respondents (Table 55). Men constituted 32.6% of the respondents, but 38.9% of those who reported first hearing of WIS through outreach were men; 38.4% of those hearing of WIS through a poster were men. Only 26.8% of those reporting having first heard of WIS from a facility were men. Men were also reached by television somewhat more than would be expected on the basis of their proportion in the sample.

With regard to family income (Table 56), the telephone book and facilities tended to rank very high with those having family incomes of $15,000 or more a year. In general, facilities seemed to be the source of information about WIS for both those who had either lower incomes or relatively high incomes. Of those reporting first hearing of WIS through outreach, over 50% indicated having incomes of less than $4,000 per year. But, the outreach program was also directed at the poor as a target population (see Section II).

No differences appeared among the various media with regard to effectiveness in reaching those of different educational levels, although the outreach program tended somewhat to reach more of those with an eighth grade education or less than other publicity techniques (Table 57). The same observation of only minor differences among publicity techniques holds for effectivess in reaching those of various racial and ethnic groups (Table 58). Other than outreach, no publicity technique seemed more effective than any other in reaching those who lived alone (Table 59).

SUMMARY Approximately 4% of all center paid staff time was devoted to various publicity activities during the last 18 months of the demonstration, with an average of $172 per month per center being spent on publicity efforts. A wide variety of publicity techniques were tried including the use of public service announcements and paid advertising on radio, television and in newspapers. Mailings of brochures and flyers were undertaken by many centers, along with the distribution of materials through county fair booths, and the placement of posters in a wide variety of settings. Presentations before community groups, as well as appearances on radio and television talk shows also were important ways used to publicize the WIS program.

Almost 40% of all those responding to the I & R User Survey question about how the caller first heard of WIS reported hearing of the program by word-of-mouth, either from a facility representative or from a friend or family member. The radio and newspaper were highest among the media in being reported by WIS users as sources of how they first heard of the program. However, the preponderance of the expenditure of center resources went to these two media.

With the exception of the outreach program, little variation seemed to occur among the various publicity techniques with regard to reaching specific segments of the population, such as those in different age groups, income and educational levels, and those living alone.

SECTION II: Outreach as a Special Publicity Technique

OBJECTIVE V-B-1: *"Provide case-finding services (outreach)."*

Assumption: Case-finding is an effective method of directing the attention of [some] segments of the population to facilities and services that may be of use to them.

The assumption underlying the outreach objective can be elaborated more specifically to state that those most in need of service, very poor older persons, for example, are least likely to be reached by customary channels of information exchange. Some evidence for this assumption was produced by Project FIND (National Council on the Aging, 1970). The person most in need of services was likely to be very poor and to have no access to radios, television sets, telephones or newspapers. Moreover, such persons were likely to be quite isolated, being visited by others seldom or never, and only very infrequently going out into the community. The data reported in Section II support the validity of the assumption that case-finding services are indeed an effective means for reaching this segment of the population.

Effort Outreach was established as a program variation in three centers,* all serving predominately non-urban areas of from three to five counties, and all sponsored by CAPs. The outreach program variation began in early October, 1973, and ran through the end of September, 1974. In general the procedures outlined in *Information and Referral Services: Reaching Out* (Cushing and Long, 1973) were used. Census data were analyzed to determine those areas (generally minor civil divisions, or towns, were used) in which there were concentrations of persons aged 65 and over, and in which there were high proportions of persons with family incomes of less than $4,000.

Each center had from three to five staff whose primary function was to canvass areas designated as high priority for the outreach program. During the year this program variation was in effect, over 41% of all paid staff time was spent in outreach in these three centers. Detailed information about the cost of this activity is presented in the discussion of the "Efficiency" criteria. In general, the outreach program doubled the cost of the basic I & R program in the

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The Green Bay center (08) started an outreach service, but dropped it when the VISTA volunteers left the VISTA program after approximately three months.

center, with almost all costs being incurred by the addition of several more staff members.

Performance

Data are presented in Table 60 showing the origin of I & R calls resulting from the basic program and from the outreach program. This information is illustrated in Figures 21-23. The proportion of basic service calls received for the twelve months beginning October 1, 1973, by these three centers from the different counties they served is shown in Figure 21. The intensity of the outreach effort in these different counties is shown in Figure 22. The number of outreach contacts attempted by the staff of the Cashton center (04) was in fairly direct proportion to the population of the three counties served by the center. Good distribution of effort was also achieved by the Ashland center (06), although the most populous county, Douglas which was also the furthest away from the center, was not canvassed as fully as the other four counties served by the center. The outreach efforts of the Oconto center (07) were concentrated in the two northern counties (Forest and Florence).

It is somewhat difficult to interpret the results of the outreach effort in terms of contacts which actually resulted in the delivery of I & R service. In the case of the Cashton center, over 75% of all contacts resulting in the delivery of I & R services came from Monroe County in which the center was located. The pattern of distribution of outreach I & R contacts (Figure 23) is almost the same as that for basic service (see Figure 21), even through the outreach effort was fairly evenly distributed among all three counties on the basis of population. The same similarity in the pattern of

Note for Figures 21-23.

The same conventions that were used for Figures 9-19 *(p. 128)*. are used in Figures 21 and 23. Centers not having outreach components are shaded in dark grey. The approximate location of each center is given by a circle with the center number inside. The top set of figures indicates the proportion of calls received by the center from the specific county in which the number is located. The bottom set of figures (in italics) represents the difference between the proportion of calls received from the county and the proportion of people who reside in the county with reference to the total population in the catchment area. Areas shaded in light grey indicate counties in which the proportion of callers is greater than would be expected on the basis of proportion of residents.

In figure 22, the first set of numbers in the top row refers to the proportion of attempted outreach contacts. The second set of numbers (in italics) refers to the difference between the proportion of attempted contacts and the proportion of residents in the county with reference to the total population in the catchment area. The third line of numbers refers to the proportion of persons in the county who are age 65 or older, and the fourth set of numbers is the proportion of persons in the county with an annual family income of less than $4,000. Counties shaded light grey are those in which the proportion of outreach attempts was greater than the proportion of residents, based on the total catchment area. Selection of areas to attempt outreach contacts was based, in part, on the proportion of persons age 65 and over and with annual family incomes of less than $4,000.

FIGURE 21: Distribution of basic I&R calls between October 1973 and September 1974 that were received by WIS centers using outreach program variations

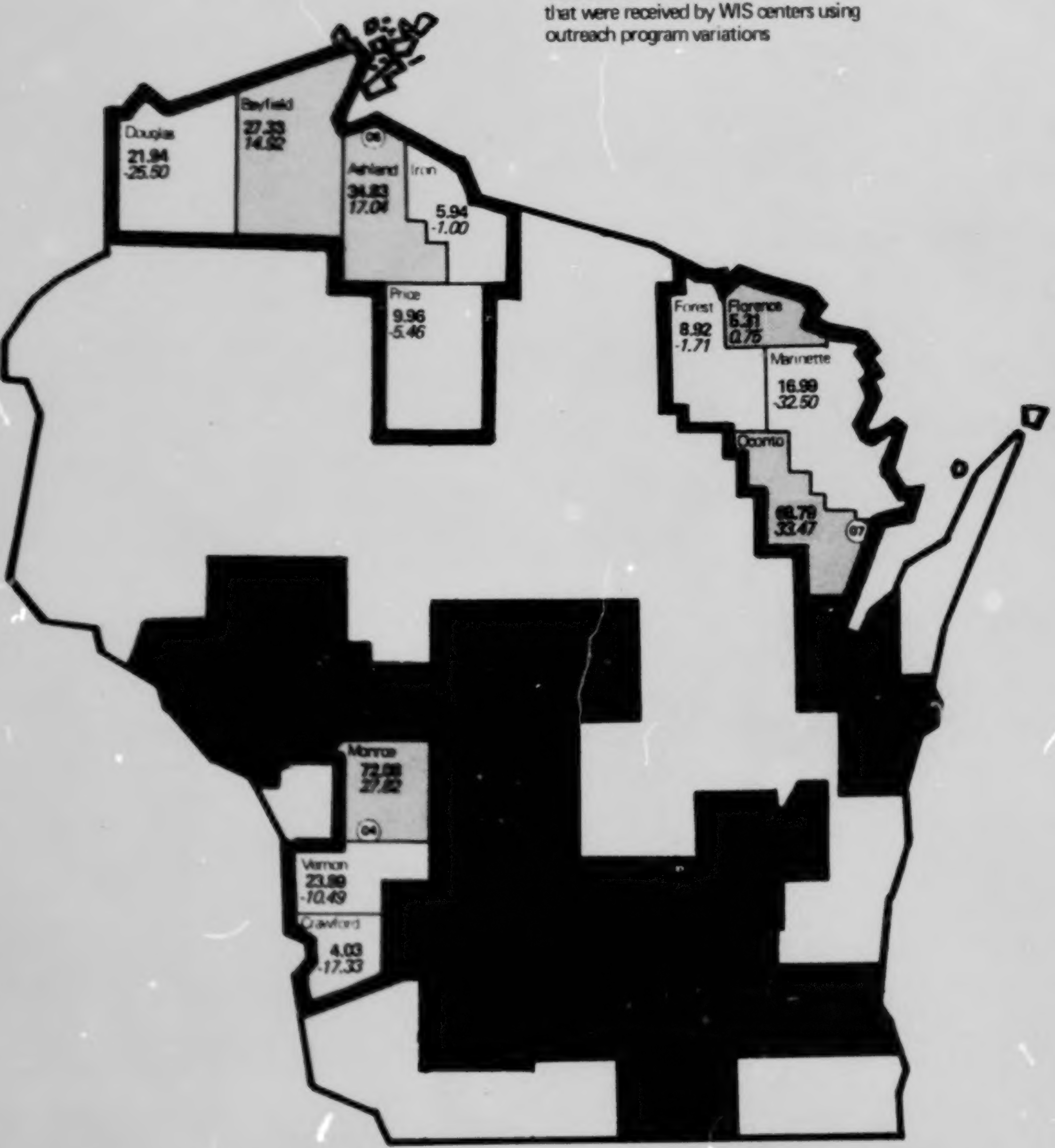

Douglas
21.94
-25.50
Bayfield
27.33
14.92
06
Ashland
34.83
17.04
Iron
5.94
-1.00
Price
9.96
-5.46
Forest
8.92
-1.71
Florence
6.31
0.75
Marinette
16.99
32.50
Oconto
68.79
33.47
07
Monroe
72.08
27.82
04
Vernon
23.89
-10.49
Crawford
4.03
-17.33

FIGURE 22: Distribution of outreach attempts

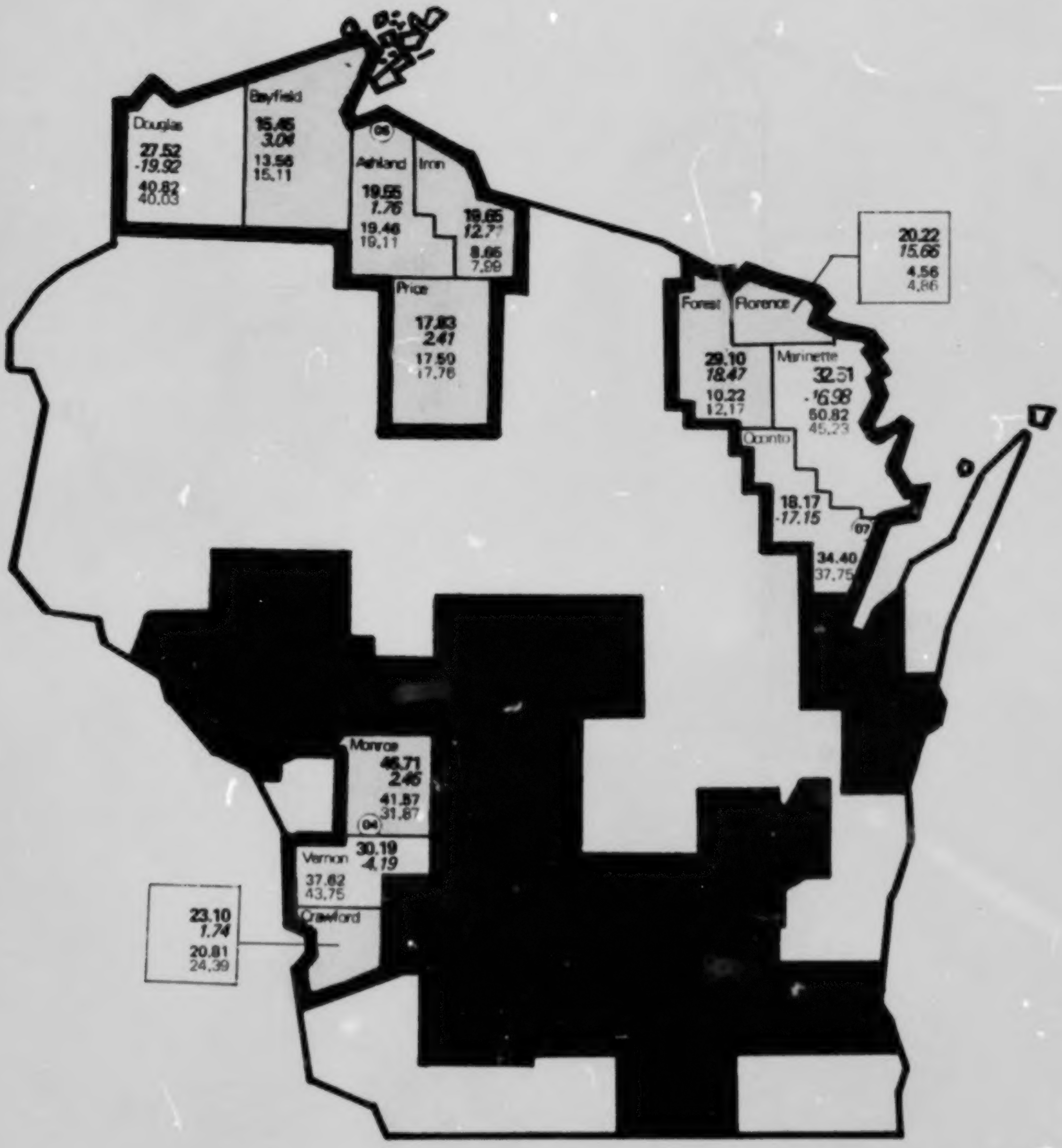
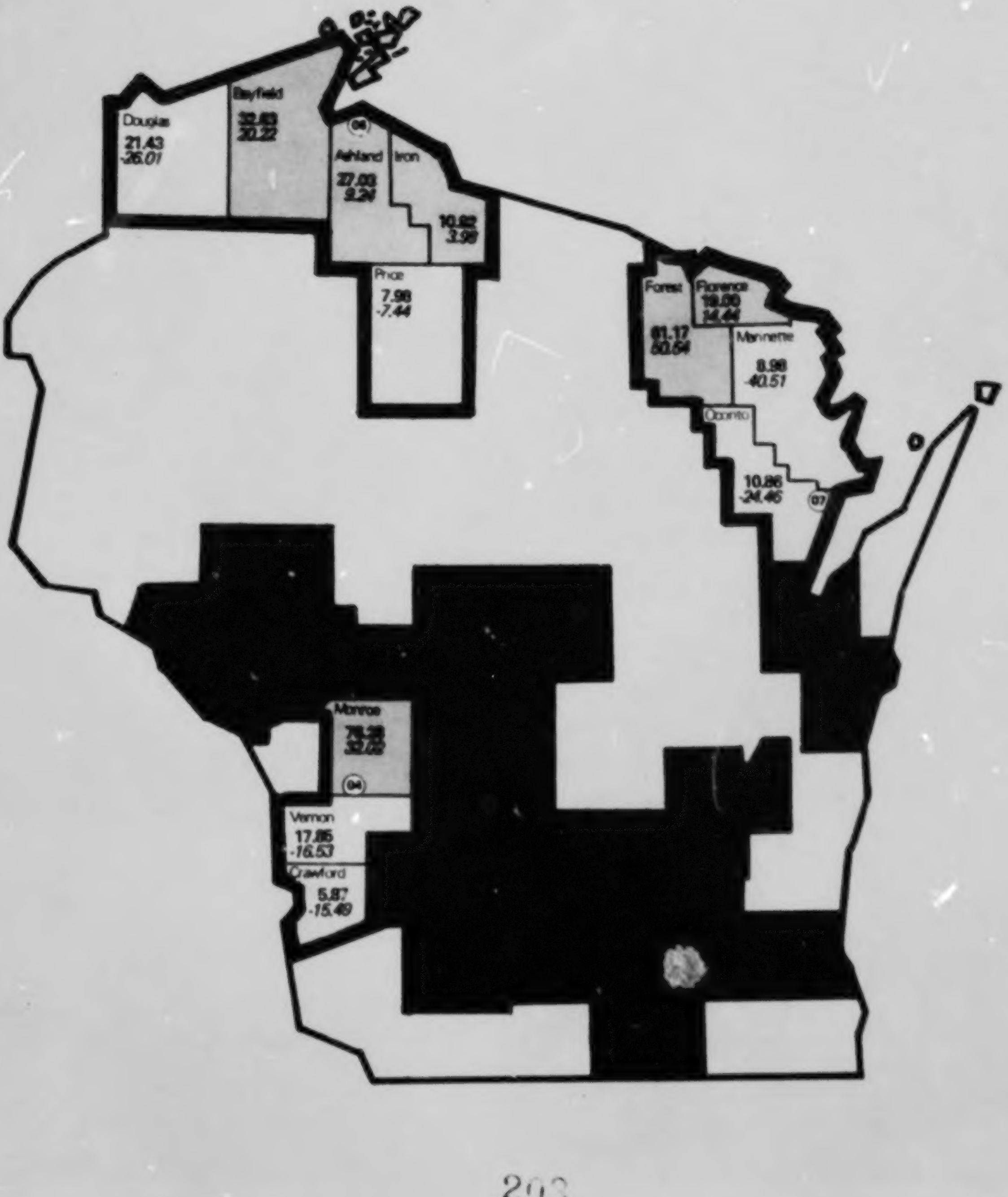

Douglas
27.52
-19.92
40.82
40.03
Bayfield
15.45
3.04
13.56
15.11
06
Ashland
19.55
1.76
19.46
19.11
Iron
19.65
12.77
8.65
7.99
Price
17.83
2.41
17.50
17.76
20.22
15.66
4.56
4.86
Forest
Florence
29.10
18.47
10.22
12.17
Marinette
32.51
-16.98
50.82
45.23
Oconto
18.17
-17.15
07
34.40
37.75
Monroe
46.71
2.46
41.87
31.87
04
Vernon
30.19
4.19
37.82
43.75
Crawford
23.10
1.74
20.81
24.39

FIGURE 23: Distribution of outreach I&R contacts


Douglas
21.43
-26.01
Bayfield
32.83
20.22
04
Ashland
27.03
9.24
Iron
10.92
3.99
Price
7.98
-7.44
Forest
61.17
50.64
Florence
19.00
14.44
Marinette
8.98
-40.51
Oconto
10.86
-24.46
07
Monroe
78.28
32.02
04
Vernon
17.85
-16.53
Crawford
5.87
-15.49

distribution of basic I & R calls and outreach contacts also occurred for the Ashland Center. The number of attempted contacts did not seem to influence the number of I & R contacts in an obviously direct way. Although the two counties receiving a substantial amount of the outreach effort of the Oconto Center also had the highest proportion of contacts that resulted in I & R service, Forest County had a disproportionate number of outreach I & R service contacts (over 61% of the 479 contacts came from that county, although only 29% of the canvassing effort was expended there). There is no information available to readily explain this fact.

All in all, a considerable effort went into the outreach program. Almost 23,000 contacts were attempted. Actual contact was made in almost 65% of the attempts (that is, someone answered the door). In 23.5% of the cases, the attempt lead to an extended interview, which resulted in I & R service being given in a little more than 7% of the total contacts. In about 41% of the attempts, a brief public relations contact occurred in which the WIS program was explained and literature about it was offered. An extended interview did not take place either because the person contacted did not desire it, or because there were no older person in the household or of concern to the householder.

Adequacy of Performance

In terms of overall effort, the 22,899 attempted contacts represented an effort to reach 9.6% of the total population residing in the 12 counties served by these three centers. More detailed information about those contacted is presented in Tables 61-67. About 15% of those calling the three outreach centers on their own initiative were age 65 or over (Table 61). Over 47% of those receiving I & R services through outreach were over the age of 65. Most notably, those over the age of 75 were more effectively reached through the outreach program than through the basic I & R program (only 3.56% of the calls to the basic I & R program were from those 75 and over, whereas 16.11% of the outreach I & R contacts were in this age group). Those 65 and over were also substantially represented among those who engaged in an extended interview which did not result in immediate I & R service. Fewer older persons were to be found in the group of persons receiving only a brief public relations contact,[*] although in terms of overall proportions, those 65 and over still exceeded those 65 and over in the basic I & R groups.

Although a higher proportion of women than men received outreach I & R services, the proportion of men receiving I & R services through outreach is about 8% more than in the basic I & R group (Table 62). Those in the lower income levels were much more greatly represented in the outreach I & R groups than among the basic I & R recipients. About 34% of those calling the I & R center had incomes of $4,000 per year or less, compared with over 59% of those contacted through the outreach program (Table 63). Although less than 6% of those who made use of the basic I & R service had less than an eighth grade education, over 16% of those contacted through outreach reported this level of educational achievement or less.

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[*] *This is not surprising, because part of the instructions for the delivery of outreach services was to limit the offering of I & R to only those age 65 and over, or to those who were concerned about an older persons. If a younger person requested help, it, of course, was given.*

This latter proportion is more in line with the population statistics reported for those in the area served (Table 64). Minority groups tended to be reached somewhat less in the outreach effort (Table 65). More recipients of social security benefits were reached through the outreach effort (Table 66) than through the basic I & R program (perhaps due to the much larger proportion of older persons reached through the outreach program). And about 10% more of those living alone were reached through the outreach program than through the basic I & R program (Table 67).

Some definite differences with regard to service needs were observed between those contacted through outreach and those contacting the center directly through the basic I & R program. The most frequently mentioned service category (18.8%) was "government" (Table 68) for both groups. "Financial" was second for both. However, not surprisingly, very few of the outreach I & R recipients requested only a facility's telephone number or address. When this category of request is removed from the tabulations for both basic and outreach I & R recipients, and the percentages are recalculated, one still sees some differences. However, these differences are not with regard to category of service. A Spearman rank correlation of .87 exists between the data reported for basic I & R and outreach I & R recipients for the time period October, 1973, through September, 1974, indicating a high degree of correspondence between the categories of service needs in the two groups. Rather, the difference is in terms of the degree of need within some of the categories. For example, although both groups rank the financial category second, 11.1% of the basic I & R callers requested services in this area, compared with 19.1% of the outreach I & R recipients. Consumer protection services constituted 3.6% of the basic I & R group's requests, but only 3.2% of those contacted through outreach asked for help in this area.

More can be learned about these differences between the two groups by looking in greater detail at their requests for help. For example, in Table 69 the specific services requested for the 12 most frequent inquiries is listed. In the government category, information was the service most often requested, and in about equal proportions by both groups. The next most frequently requested service was for supplemental security income (SSI). About 7.5% more of the outreach group requested this service than the basic I & R group, a fact which may be attributed both to the generally older age of the outreach group and to an active effort on the part of outreach workers to acquaint older persons with the SSI program. Information about a requested service with reference to the specific problem presented is given in Table 70. Supplemental security income was the most frequently requested service for the problem "lack of funds." Although 13% of all outreach I & R contacts requested this service for this problem, only 5.5% of the basic I & R group did so. Note that the 12 problem-service combinations listed in Table 70 comprise over 40% of all requests for the outreach group, but only 19.8% of the requests by those initiating calls to the I & R service on their own.

Efficiency

The time per contact for outreach I & R service naturally took longer, in part because of the inclusion in the computations of the necessary travel time to reach the recipient and in part because of the context of a face-to-face interview with the person receiving the service.

Basic cost accounting procedures (see for example, Howe, 1969 or Neuner, 1973) were used to calculate the cost per outreach contact. The budgets for the three centers providing outreach are given in Table 71 for the time period October, 1973, through September, 1974. Additional information, such as the overhead rate for each center and the proportion of paid staff time spent in various direct service activities is also given in Table 71. The overhead rate is the quotient of the difference between the total budget and all salary costs divided by all salary costs. This ratio provides a means for distributing all costs other than salary (such as rent, supplies, etc.) in a proportionate manner to various staff activities. The overhead rate is multiplied times all salary costs allocated to a particular activity; this product is then added to the salary costs for the activity to arrive at the total cost of that particular activity. For example, the overhead rate for all three centers is 41.7%. The total amount of time spent by the centers in outreach was 41%. Forty-one percent of the total salaries paid is $41,452. This figure times the overhead rate of 41.7% is $20,311, which, when added to the salary figure comes to a total of $61,763 for the outreach portion of the program.*

This method of cost accounting is consistent with the general approach taken in a formative-system evaluation, in which activities other than a single program objective are considered to be legitimate program activities. This method of cost accounting permits the costing out of each separate program activity or objective. Having arrived, then, at a cost of $61,763 for the outreach effort, the unit cost per outreach attempt may be calculated by dividing this figure by 22,899, the total number of such attempts. The unit cost for the outreach effort was $2.70. If one chooses to apply a more stringent criterion of accepting only those contacts which resulted in I & R service being delivered, the unit cost jumps to $37.32, which may be compared with the figures of $5.34 per contact for the basic I & R program (see Table 72). Comparative information, using this cost accounting method, on unit costs for other I & R programs is not available, so it is not possible to determine the efficiency of this particular effort with reference to other such efforts.

With regard to alternative methods of outreach, consider again the various publicity techniques which were

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This is about $13,000 less than the outreach budget shown in the third column. The difference can be accounted for in terms of the other activities which were engaged in by the outreach workers, which are not included in the cost of $61,763. These activities include basic I & R activity in the center; publicity efforts, and so on.

utilized by the centers. If all persons contacted in the outreach effort who completed an I & R User Survey are considered, only 30.9% had heard of WIS prior to the outreach contact (Table 73). Of those receiving outreach I & R service, 59.1% had never heard of WIS before. Almost 83% of those who received only a brief public relations contact had never heard of WIS before. Thus, the outreach program did seem to reach a substantial portion of the population which was unfamiliar with the program.

In some cases, those who were contacted through outreach indicated other sources of how they had heard of WIS (Table 74). Radio and family or friend were almost tied at just over 15%. The newspaper was just below these two. Outreach also seems to have had some residual effect, as can be seen from Table 75. These data are for those private individuals, calling for themselves, who initiated contact with the I & R center on their own. Almost 15% of these persons indicated having first learned of WIS through the outreach program. In an examination of user surveys for the first three-months immediately following the demonstration, however, the proportion of those reporting having first heard of WIS through the outreach program dropped to 7.2%, which suggests that the effects of this particular publicity technique may not be long-lasting once the field activity ceases.

Process

Not much additional information which is related to the various process criteria can be reported. Conducting such an outreach program in rural Wisconsin throughout the winter was a difficult task. Nevertheless, the outreach staff believed that there was value in what they were doing, and they did not let the physical environment deter them from their work. The past experience of many of the workers who had participated in other kinds of outreach programs sponsored by the local CAPs, plus a good knowledge and understanding of the people living in the locality, may have helped the outreach workers achieve the results they did.

A much greater proportion of those contacted through outreach indicated that they could not have found help without the I & R program than those initiating the call to the center themselves (Table 76). In terms of following through and contacting the recommended facility, only a slight difference existed between the basic I & R and outreach groups (Table 77). Over 75% of both groups did go on to contact the facility recommended. Approximately the same percentage reported receiving help for all of their problems (Table 78), but many fewer of those in the outreach group reported being sent on to another facility (Table 79). Almost 14% of the basic I & R group were sent on somewhere else for help by the facility initially recommended by WIS, but this happended to only 3.8% of those who were initially contacted through outreach. Finally, both groups were similar in their evaluation of the service received from the I & R center, with over 97% indicating that the service was good or excellent. Those in the outreach group, however, tended to be somewhat less generous with their praise than those receiving the basic I & R service (Table 80), giving an "excellent" rating in only 68.4% of the surveys, compared with 81.4% of the basic I & R group giving this rating.

SUMMARY Various techniques for publicizing the WIS program were examined in this chapter. Word-of-mouth was indicated by almost 40% of all users as how they first heard of the program. Radio and newspapers seemed to be the most effective ways of reaching the public through the media. With the exception of outreach, no specific techniques seemed to hold the edge over the others with regard to reaching specific subgroups of the population such as the aging, low income, less educated, or those living alone.

Three centers implemented an outreach program during the final 12 months of the demonstration. These centers were all sponsored by Community Action Programs and served multi-county rural areas. Outreach workers attempted to contact over 9% of the total population residing in the 12 counties served by these centers. Of almost 23,000 attempted contacts, over 65% resulted in the worker actually talking with a person. Slightly more than 7% of all attempted contacts led to I & R service being rendered. The cost of providing outreach was $2.70 per attempted contact. Substantial numbers of low income and elderly persons were reached through the outreach program. Almost 50% of those receiving outreach I & R service were over the age of 65, and almost 60% had family incomes under $4,000 per year.

Persons contacting the I & R center on their own initiative and those contacted through the outreach program had similar problems and service needs, which centered on financial help and various income maintenance services, such as supplemental security income and food stamp programs. The outreach program was effective in contacting substantial numbers (from 60% to over 80%) of persons who had never heard of the WIS program previously. A very large number of those making use of the outreach I & R service indicated that they would not have been able to find the help they needed without it. Over 75% of those receiving outreach I & R services went on to contact the facility that was recommended to them. Over 94% of this group received help for some or all of their problems.

All in all, outreach as a publicity technique seemed to be quite effective in reaching specific target populations such as the low-income and the aging, and in providing a much needed and appreciated service to them.

CHAPTER 8: Involving Community Members in the Program

In addition to providing special locations for centers and using different kinds of publicity techniques, another way to facilitate crossing the boundary between an I & R system and other systems in its environment is to make an active effort to involve various members of the community in the program. Although these community members may not be direct recipients of the I & R service, their familiarity with the program may help to enhance the effectiveness of publicizing the center through word-of-mouth. Three objectives, all having to do in some way with providing a means for community members to participate in the I & R program, are discussed in this chapter.

The objective discussed in Section I has to do with the use of volunteer staff members in the I & R program. In addition, the performance of individual I & R specialists is considered from the perspective of their professional experience in order to answer one of the research issues formulated at the beginning of the demonstration program. The use of local consultants by the I & R centers is considered in Section II. And the organization of local advisory boards to help foster and guide the I & R program is considered in Section III.

SECTION I: Involving Community Members Through Participation as Volunteers

OBJECTIVE III-B: *"Encourage the use of volunteers and nonprofessionals in the delivery of I & R services."*

Assumption: Volunteers and nonprofessionals can deliver I & R services effectively.

Objective III-B contains two quite separate and distinct components. On the one hand, the involvement of community members in the I & R center program through volunteer work is called for in this objective. On the other hand, the employment of staff members who do not have professional credentials is also encouraged by this objective. Obviously, volunteers will bring with them different levels of academic training and work experience, so that it is possible that some volunteers may have the highest level of professional attainment, as measured by these traditional criteria.

In fact, during the WIS demonstration, there was very little difference between paid and volunteer staff with regard to professional level. About 76% of the paid staff were nonprofessionals, according to the traditional criteria of educational achievement and work experience (Table 81). Slightly more than 81% of the volunteers were classified as nonprofessionals by these criteria. However, to the extent that all staff members, paid and volunteer, received special training in the delivery of I & R services through the methods set up for this demonstration program, it can be argued that after the training, all were professionals.* Based on the findings reported in the remainder of this section, the assumption that volunteers and nonprofessionals can deliver I & R services effectively seems to have been well validated.

The training provided to WIS staff members (see Chapter 10) was relatively brief, and certainly could not be compared in terms of amount of time or materials covered with traditional university training programs leading to advanced degrees in the human services professions.

Effort

Little information is available about the actual amount of time spent by paid center staff in the recruitment of volunteer help. Approximately 69% of all people who worked in the WIS centers were volunteers (Table 81). These volunteers were recruited from a wide variety of sources (Table 82); college students were most often sought to help in WIS centers on a volunteer basis. Community Action Programs were the next most frequently contacted source for volunteer help. Over the last 18 months of the demonstration, 212 volunteers contributed over 29,300 hours of service to the WIS program at the local level (Table 83). This represents 18.5% of all staff time, paid and volunteer, that was reported during the last 18 months.

Volunteers spent proportionately as much time in providing service to callers as paid staff (22%), although only 2% of all volunteer time went to this activity during the first six months after the centers opened for service to the public (Table 83). During that time period, 45% of volunteer time was spent on the resource file, with another 17% spent on clerical tasks that did not involve the resource file. During the last 12 months of the demonstration, there was little difference between paid and volunteer staff with regard to the tasks which they performed in the centers, with the exception that volunteer staff continued to spend proportionately more time in clerical activities than paid staff.

Information concerning how staff members at different professional levels spent their time is reported in

Table 84. In general, there is little that differentiates the four levels,* with the exception of direct service to callers. A total of 41% of the time of those at the lowest level was spent in this activity, compared with 19% to 25% of the time spent by those at the other three professional levels. Those at the highest level tended to spend more than twice as much time (15%) as the others in clerical activities not related to the resource file.

Performance and Adequacy of Performance

Data in Tables 81, 83, and 84 indicate that the performance of the centers on the objective of using volunteer and nonprofessionals was excellent. During the last 18 months of the demonstration, almost 69% of all staff members were volunteers. They contributed a total of 18.5% of all working hours reported. During these 18 months, between 80% and 95% of all staff were nonprofessional, depending on how stringently one sets the criteria for such classification. Between 21.5% and 61.4% of all staff effort was provided by non-professionals, depending on the levels preferred for the criteria used for this classification. There was a tendency across time for the level of volunteer effort to grow (from 10.5% in the second six months to 25.7% in the final six months of the program). By the same token, there seemd to be a tendency toward an increase in the overall level of effort by those at the higher professional levels over time (Table 84). In the second six months of the demonstration, 33.3% of staff effort came from those at professional level one; in the final six months, 43.1% of the effort came from those so classified. Effort from those at professional level two decreased from 45.3% of all staff time reported in the second six months to 34.6% of the time reported in the last six months. Little change was observed in the proportion of effort contributed by those at levels three and four over the three time periods.

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* *An explanation of the qualifications used for the four professional levels is given in the footnotes to Table 81.*

Some further information about the characteristics of volunteers compared with paid staff is presented in Table 85. These comparisons are based on staff members working in WIS centers during the first year of the demonstration, which constitutes about 61% of the total of 447 who reported that they worked for the program during the two-years of the demonstration. The volunteers tended to have somewhat more academic experience than the paid staff (due in part, certainly, to efforts to recruit volunteers from the college student population). Of the staff members who had had work experience in a helping profession, volunteers and paid staff were quite similar. Among those with other kinds of work experience, the paid staff seemed to have more years of experience than their volunteer counterparts.

With regard to other characteristics, such as age and sex of the staff members, there was little difference between paid and volunteer workers. About 79% of the paid staff were women, as were 81% of the volunteers. Approximately 70% of the paid staff members were under the age of 35 when they began work; close to 10% were over 50. The same percentage of volunteers were under 35, but slightly more than 20% were over the age of 50. The 12 state office staff were evenly divided with regard to sex, although males held the higher level positions. With the exception of one man who was 65 years old, all state office staff were in their mid-twenties or thirties.

Efficiency

Few data are available for consideration of this category of evaluation. Based on discussions with paid center staff, it appears that in order to integrate volunteer staff members into an I & R program, a considerable amount of planning, coordination, and supervision were required. The same kinds of on the job training and supervision were required with volunteer staff members as with paid staff members. In addition, special efforts had to be made to integrate volunteer staff members into the overall program. When volunteers were not included in some of the day-to-day routines and were not made to feel a part of the entire staff, there was a tendency for them to drop away from working for the program.

Process

The performance of paid and volunteer staff members and the performance of those classified at different professional levels are compared under this category of evaluation with regard to one task: the delivery of basic information and referral services to the public. Data concerning callers other than private individuals calling for themselves, and those who received program variation services such as outreach, escort, and follow-through are not considered in the following analyses. Data from the

Milwaukee center (13) are included because of the large number of volunteers who worked in this center.

Approximately 24% of all persons who contacted one of the WIS centers were helped by volunteers (Table 86, last row). Over 88% of those contacting the centers were helped by persons classified at professional levels three and four. About 78% of all callers were helped in fifteen minutes or less (Table 86). There was little discrimination between paid and volunteer staff with regard to the amount of time spent to help the caller. Although those at the highest professional level handled over 85% of their calls in fifteen minutes or less, there is little differentiation among the other three levels of I & R specialists on this variable.

Approximately 92% of all callers were helped within one day (Table 87). No difference was observed between paid and volunteer workers with regard to this variable. Those at professional levels one and four tended to help even more of their callers within one day (97.1% and 95.2%, respectively). Those at levels two and three helped only about 90% of their callers within one day. However, over 97% of all callers were helped within two days, and only minor differences existed among the groups if one considers the callers' receiving help within two days or less.

Among those callers who returned an I & R User Survey, a somewhat different picture emerges. Only about 84% of these callers reported that they were helped within one day (Table 88). Furthermore, over 84% of those helped by paid staff reported being helped in one day, compared with 79% of those helped by volunteers, a difference of about 5%. A greater difference, however, exists among the four professional levels. Only 69.9% of those helped by staff members at professional level one reported receiving service from the I & R center with one day (compared with 97.1% reported by the staff members at this level).* Between 81% and 85% of those helped by staff members at the other three levels reported being helped within one day. Almost 2% of the callers reported that they were never helped, but differences among the various staff groupings are slight for these callers.

Approximately 60% of all callers were helped in a single contact (Table 89). Volunteers required a second contact in about 10% more of the calls than paid staff, but paid staff required three or more contacts in about 6% more calls than the volunteers. I & R specialists at professional levels one and three provided service in the initial contact in about 62% of all calls, but those at levels two and four completed service during the initial contact in less than 50% of their calls. Those specialists at levels one and four

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This finding may be an artifact due to the selectivity exercised by staff members at professional level one in asking callers to complete an I & R User Survey. Only 20% of those helped by staff members at this level were asked to complete a survey, compared with over 37% of those who were asked by staff members at the other levels (see Table 93).

required three or more contacts in less than 20% of their calls in order to provide service, compared with between 25% and 30% for levels three and two, respectively. Thus, those specialists at the highest and lower levels seemed to be able to provide service a bit more efficiently than those at the second level. No data are available to explain these differences.

With regard to the nature of the additional contacts required to provide service, around 40% involved the specialists' contacting a facility for more information (Table 90). Paid staff members tended to contact facilities for information proportionately more than volunteers (39.8% of additional contacts by paid staff were to facilities for information, compared with 25.4% of the additional contacts made by volunteers). Those specialists in the middle two professional levels tended to contact facilities for information proportionately more than those at the high and low levels. Volunteers and those at professional level one tended to contact consultants more often than paid staff and those at the lower professional levels. Volunteers tended to contact facilities in order to arrange for them to contact the caller considerably more than did paid staff (27.9% compared with 9.3%). Over 35% of additional contacts made by those at level four were for this purpose, compared to the overall proportion of 9.6%. Those at level two also tended to contact facilities for this purpose to a greater degree (13.6%) than those at levels one or three. Again no additional data are available to account for these differences.

In terms of role perception, in over 58% of all calls, paid staff viewed their primary role as that of providing information about facilities and services. Volunteers had this perception in only 39% of their calls. About 60% of those at levels two and three viewed their most important role as providing such information, but less than 45% of the calls received by those at levels one and four were perceived to be of this nature. Volunteers tended to see their roles more often than paid staff as arranging for another facility or person to contact the caller and to help the caller clarify a problem. The pattern of role perception among volunteer staff and those at level four is similar on these two factors. Those at level one tended to see their role as providing information other than that having to do with facilities and services much more often than those at the other levels (45% of all calls were perceived in this way by those at level one).

The I & R specialists felt that they completely provided the caller with appropriate information or found the right service for the caller in about 84% of all inquiries (Table 92). Paid and volunteer staff were not different in this regard, although those at levels one and four tended to be somewhat more confident about the service they provided than those at level three.

The difficulties in specifying the outputs of an I & R system were discussed in Chapter 3. For the purposes of this report, connection with the service system is taken as the primary output of the program. A number of items were included in the I & R User Survey to measure the quality of this output. The analyses contained in the remainder of this section are based on data obtained from those who responded to the I & R User Survey.*

Volunteers tended not to ask callers to complete a survey in about 11% more of all inquiries than paid staff (Table 93). Those at professional levels four and one asked only about one out of every four or five callers to complete a survey, compared with those at level two who asked over 51% of all callers to participate in the evaluation. The resultant sample of persons returning surveys is not representative of the various staff groupings. For example, although 75.6% of all calls were handled by paid staff, 82.7% of the surveys returned were from callers helped by paid staff (Table 94). Only 17.3% of the surveys were obtained from persons helped by volunteer staff, although 24.4% of all calls were handled by volunteers. Similarly, surveys from callers helped by those at professional levels one and four are under-represented. Thus, biases may exist in the survey data due to the characteristics of the I & R specialist who handled the call.* Unfortunately, information is not available to determine the impact of these biases on the findings reported in the balance of this section.

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*See Chapter 5 for a discussion of the procedures used in conducting this survey.

With reference to the question of whether or not the caller was sent to the right persons or facility, it has been noted that in about 84% of all calls, the specialists believed they had completely satisfied the caller's request (Table 92). These perceptions of the specialists correspond quite closely to those reported by the callers themselves, with one exception. Overall, about 88% of those callers who contacted a facility or person recommended by a WIS center reported that they were sent to the right place (Table 95). However, 16.2% of those who were helped by persons at the lowest professional level reported that they were not sent to the right place. For all other groupings of staff members, three percent or less of the callers reported that they were not sent to the right place.

A further confounding factor is that in some cases more than one I & R specialist handled a call. Only information about the staff member who assumed primary responsibility for the call is recorded. Thus, it is not possible to determine in how many instances more difficult calls were turned over to paid staff by volunteers or to staff members at higher professional levels by those at lower levels. About 14% of all calls were handled by two or more workers. Among volunteers 88% of all calls were handled by a single person, compared with 85% of those taken by paid staff members. About 84% of all calls were handled by a single specialist among those at professional levels two, three, and four. Ninety-four percent of the calls taken by those at level one did not involve additional staff members.

Although sending the caller to the right place is of primary importance in the delivery of I & R services, a more basic consideration is whether or not the caller makes an effort to contact the provider of service which is recommended. About 70% of all callers who returned the I & R User Survey reported that they did contact the facility or person recommended by the I & R center staff member (Table 96). Although more persons who were helped by paid staff indicated that they had contacted the recommended provider than those who were helped by volunteers, the number of persons who did not respond to this question was somewhat higher for those helped by volunteers. Looking at those who responded that they had not contacted a facility, differences between paid staff and volunteers disappear, with about 24% in both groupings responding that they had not contacted the recommended facility. This figure is quite close to that observed if respondents are grouped according to professional levels, with the exception of the highest level. Over 36% of those helped by persons at the highest professional level indicated that they had not contacted any of the providers recommended to them. Only about 54% helped by those at the highest level reported that they had contacted a provider, compared with 64% to 71% of those helped by staff members at the lower levels. No additional data are available to explain these differences.

The proportion of those who reported that they had contacted a provider is quite similar across the various groupings of staff members to those who actually returned the surveys. For example, 82.7% of all callers who returned a survey were helped by a paid staff member. Of those who reported that they contacted a provider, 84.4% were helped by a paid staff member. Thus, although some biases do exist within the sample of those who returned surveys with respect to the characteristics of the I & R specialist who provided help, no further biases exist in this regard among those who did contact a facility or person recommended by the specialist. Within this subgroup of survey respondents who reported that they had contacted a provider, about 65% indicated that they had received help for all of their problems (Table 97). About 10% more of those helped by volunteers and by staff members at the lowest professional level reported receiving help for all of their problems than those helped by other categories of staff. Less than 6% of all callers responding to the survey indicated that they did not receive help for any of their problems. No substantial differences among the different groupings of I & R staff members were apparent for these callers.

About 17% of all callers returning a survey who contacted a provider reported that they were sent on to another provider (Table 98). With the exception of persons helped by those at the highest professional level, no differences were apparent among those helped by the different groupings of I & R staff. However, about 5% more (21.5%) of those helped by staff at the highest level reported that they were sent on to another facility. Additional data are not available to explain this difference.

A global rating of the service provided by the WIS centers indicates that around 95% of all callers felt that the help provided them by the I & R center was excellent or good (Table 99). A little over 1% felt it was poor. Although few differences existed between paid and volunteer staff on this rating, those at the highest professional level were rated "excellent" somewhat more often than those at the other professional levels (78.6% compared with 72.6% for those at level four, followed by 69.3% and 62.9% for those at levels three and two, respectively). Over 96% of all survey respondents indicated that they would recommend the WIS I & R service to a friend or family member (Table 100). About 2% reported that they would not recommend WIS to others. No differences were apparent in the responses to this question among the different groupings of staff members.

SUMMARY Substantial numbers of volunteer and nonprofessional staff participated in the WIS demonstration program. Over 200 volunteers contributed 18.5% of all staff time during the last eighteen months of the demonstration program. Volunteers and paid staff were generally similar with regard to the various tasks that they worked on in the centers, with both groups spending about 22% of their time in providing direct service to callers. Over 80% of all staff were classified as nonprofessionals, based on level of academic achievement, major area of study, and years of work experience in the helping professions. Approximately 24% of all callers contacting one of the WIS centers were helped by a volunteer; over 88% of those contacting the centers were helped by a nonprofessional.

On the whole, there were no substantial differences between the various groupings of staff members with regard to the quality of the I & R service they provided. Based on the reports of callers who completed I & R User Surveys, those at professional level one tended to take more days to provide help than those at other levels. Over 16% of those helped by staff members at the lowest professional level reported that they were not sent to the right person or facility, compared with less than 3% for those at the other levels.

However, fewer persons helped by those at the highest professional level actually went on to contact the recommended provider than those helped by staff members at the other levels. Of those callers who contacted the recommended facility, approximately 10% more of those served by volunteers and those at level four reported receiving help for all of their problems than those served by staff members in the other groupings. About 5% more of those helped by the highest level professionals reported being sent on to other facilities than those helped by other categories of I & R specialists. Although all workers tended to be rated as providing excellent or good service by over 95% of the survey respondents, those at professional levels one and four received more "excellent" ratings than the other categories of staff.

In sum, there appears to be a mixture of positive and negative observations for the different groups of staff members. All in all service provided by the WIS I & R staff appears to have been of a generally high quality. Based on the data reported in this section, the assumption that volunteers and nonprofessionals can provide I & R services effectively with the methodology developed for the WIS program appears to be well documented. Generalizations about the effectiveness of volunteer and nonprofessional staff members in providing I & R services using other approaches of I & R service delivery cannot be made on the basis of data currently available.

SECTION II: Supporting the I & R Program Through Local Consultants

OBJECTIVE VI-C: *"Obtain and use a panel of local professional consultants whenever possible."*

Assumption: It is possible that situations may sometimes arise in daily I & R operations that are beyond the competence of nonprofessionals.

One reason for encouraging centers to make use of consultants at the local level was stated at the beginning of this chapter: to foster the involvement of community members in the I & R program. Because professional consultants typically come from the delivery system, their involvement in the I & R program may help to bridge the boundary between the I & R system and the delivery system. The assumption stated above also provided a sound reason for encouraging the development of contacts with local professional consultants by the I & R centers. Because I & R centers may receive inquiries concerning a wide range of services: social, medical, legal, and recreational, it is likely that almost any I & R specialist may be confronted from time to time by an inquiry which requires the assistance of an outside expert. In addition, the objective to promote the participation of volunteers and to staff the I & R centers with persons who lacked professional credentials increased the probability that center staff would encounter situations which might require additional help from professional consultants.

However, to a large degree, this assumption was not validated. Examination of Table 25, for example, shows that out of a total of 23,738 requests for help, only 69 fell into the categories of life and death emergencies or disasters. About 4.8% of the inquiries were in the legal area, but only 124 requests involved actual law enforcement services. Thus, the number of crisis calls was very, very small, compared with all other calls. This is not surprising, because the WIS network centers did not portray themselves as hot-lines or as a crisis-oriented service. Nevertheless, many of the I & R specialists were concerned about the most effective ways to handle such calls, so a special two-day training session was held for center staff to acquaint them with various techniques used by mental health agencies and other kinds of crisis services in the state to handle calls of an emergency nature.

Effort

Very little information is available about the extent to which the center staff actually attempted to make use of consultants. Most center managers indicated in interviews conducted with them midway through the demonstration, that little effort had been made to establish a panel of local consultants. In part, this lack of effort was due to the press of many other activities which had been assigned higher priority, and in part because the need for such additional help had not arisen. In one or two cases, some members of a local WIS advisory board were contacted on an informal basis for help or information by center staff. Fees were never charged for such help. Some indication of the use of consultants by various center staff members can be ascertained from Table 90. Third among the reasons checked for making additional contacts to provide service to the caller was "contacted consultant to obtain information for caller." Ninth on the list was "contacted consultant for advice on how to help caller." All in all, additional contacts which involved an outside consultant comprised about 5% of the 22,380 additional contacts reported by the center staff.*

Performance, Adequacy of Performance, & Efficiency

No data are available on these categories of evaluation.

Data from Reports 18 and 19 of program 1070 (Long, 1975, pp. 237-254) cannot be used to measure effort on the activity of consultation because WIS staff tended to lump training and consultation together. The best measure of such effort is the data from the CIF reported above.

Process

As was stated in the preceding paragraph, very little effort was made to develop panels of local consultants by the centers. Thus, discussion of most of the criteria listed under this category of evaluation cannot be addressed. Perhaps of most significance is the fact that during the 18 months of the demonstration relatively few situations seemed to arise that required the help or advice of an outside professional consultant.

SECTION III: Building Support for the Program Through Advisory Boards

OBJECTIVE V-A: *"Develop and use an advisory board."*

Assumptions:

1. Advisory board representatives can help disseminate knowledge of the center's goals and activities in the community.
2. Advisory board representatives can provide valuable community feedback and guidance to the centers.
3. Advisory board members can help ensure widespread and continuing support for the center.

In general, all of these assumptions for this objective remain unvalidated. Too little effort was given to the development of advisory boards by the centers to provide any insights about these assumptions.

Effort As can be seen from Table 5 (see also Tables 83 and 84), approximately 1% of the time spent by both the local centers and the state office went to various activities associated with advisory boards. In the case of the state office, the amount of time spent with its advisory board was less than 1% until the last six months of the program. In a structured interview conducted at the end of the first year of program operation, it was found that seven of the 12 centers had not yet developed an advisory board. The four centers sponsored by the Social Security Administration, two of those sponsored by Community Action Programs, and the center sponsored by the county department of social services comprised those centers without advisory boards. One center sponsored by a CAP had an active advisory committee which had met several times; the other center sponsored by a CAP had the same advisory board as the host agency. The remaining three centers had had advisory boards established prior to the hiring of center staff. Little information is available, however, on how active these boards were. In one case, it was reported that the board tried to meet once a month. The other two centers reported that the boards had met three or four times during the past year.

Performance The seven centers which did not have boards after the first year of the demonstration were in the process of developing them at the time the structured interview was conducted. Boards were established for all centers by the Fall of 1973.

Adequacy of Performance

Little information is available about the number of meetings held by the various advisory boards or about the evaluation by center staff of the help given by the boards. It appears that the boards ranged from loose, perfunctory bodies which met infrequently and offered little support, to very enthusiastic and agressive supporters who worked hard and effectively on behalf of the centers.

The composition of the Advisory Committee for the State Office is shown in Table 101, along with the level of attendance at meetings by the membership. An effort was made to involve all divisions of the Department of Health and Social Services which might have an interest in information and referral services. Because of the large number of sites sponsored by Community Action Programs, the corresponding agency in the state government (Bureau of Economic Opportunity) and a representative from the State CAP Association were invited to participate in the committee's work.

The director of the Madison District Social Security Office served as liaison between the Federal and Regional Social Security Administration offices on behalf of the four sites sponsored by the SSA. A representative from the Division of Library Services of the Department of Public Instruction joined the Advisory Committee early in 1973 because of the developing interest of many libraries in the delivery of information and referral services. This board met nine times during the 24 months of the demonstration. During the last few meetings discussions were held to change the composition of the board in anticipation of the program continuing on a post-demonstration basis. Most significantly, it was decided to add a number of consumer representatives who also would represent constituencies from different regions in the state. This expanded board met two more times before the state support for the program terminated.

Efficiency and Process

There are no data available to respond to the criteria established for these categories of evaluation.

CHAPTER 9: Coordination with the Delivery System

Two objectives were introduced within the overall program structure to take cognizance of the relationship between the I & R system and its environment, the delivery system. The first objective to be discussed, the development and maintenance of the interest and cooperation of facilities, was the responsibility of the individual centers in the WIS network. The second objective, to serve as a focal, coordinating point for all I & R programs not participating in the network, was the joint responsibility of both the state office and the individual centers.

OBJECTIVE VI-B: *"Develop and maintain facility interest and cooperation."*

Assumption: The objectives of the I & R center will be more easily met if good relationships are developed and maintained with community facilities.

This assumption seems obvious, but there are no data available to support or refute it. Certainly, the acceptance of the I & R program by community agencies should facilitate the provision of I & R services to the public. Furthermore, the acceptance by service providers of the I & R program should also lead to their mentioning the availability of the service to their own clients. This seems to be documented by the large number of persons who reported first hearing of WIS through an agency or facility (see Chapter 7).

Effort

Approximately 2% of all staff time was spent in various activities which brought center staff into contact with staff members of other facilities. These activities included informal contacts and meetings, formal presentations about the I & R program, and participation on various committees within the community. Over 140 presentations were made by WIS staff before various community groups (Table 53). A considerable portion of the first six months of the program was spent in direct contact with directors and other key staff members of community facilities as the resource file was developed (Chapter 4).

Performance, Adequacy of Performance, & Efficiency

There are no data available to indicate the number of contacts made by I & R center staff with community facilities after the resource file was developed. Thus, discussion of these categories of evaluation for this objective is not possible.

Process Less direct measures provide some indication of the degree of involvement of WIS centers with the delivery system. For example, as has already been mentioned, a considerable number (over 23%) of people from the recipient system first heard of the WIS program from a facility or agency (Table 52). Furthermore, 12.8% of all calls received by WIS centers were from facilities (Table 102). Approximately 7% of these calls were on behalf of clients; the remaining 6% were for general information for the facility representative. In approximately 42% of all calls made by facilities to a WIS center, the facility number was not recorded (Table 103). Of the 58% of the calls in which the facility number was recorded, 719 different facilities were recorded. Although several facilities seemed to contact the centers frequently (one facility made over 100 inquiries during the last 18 months of the project), over 64% of the facilities contacted the centers only one or two times.

The names of facilities which contacted WIS centers most frequently are listed in Table 104. In many cases, the facilities which were among the most frequent callers for information were the host or sponsoring agencies for the center (indicated in brackets in Table 104). In general, the heaviest users of WIS centers seemed to be Community Action Programs, departments of social services, and Social Security Administration offices.

Additional evidence that the WIS centers succeeded in meeting the objective of developing and maintaining facility interest is contained in Appendix E. During the effort at the end of the demonstration to secure continuation funding for the WIS program, 99 letters of support for the program were received from public and private agencies and organizations.

OBJECTIVE III-E: *"Serve as a focal, coordinating point for all I & R programs not participating in the network."*

Assumptions: Coordination will help eliminate unnecessary duplication of services.

Coordination will facilitate information exchange among participants and thus lead to improvement in the quality of I & R services.

The validity of these assumptions is not proven. In part, the number of other well-developed I & R programs which existed outside of the I & R network was very small (see Chapter 6), so that there was little to coordinate at the local level. And in part, it remains very difficult to determine whether a duplication of effort is necessary or unnecessary (see Chapter 3).

The second assumption that coordination will lead to information exchange and thus to improvement in the quality of I & R services would be very difficult to prove.

Discussion of specific criteria in the five evaluation categories is not possible, because there is nothing to report. During the course of the demonstration, continuing efforts were made to coordinate the activities of all participating centers through a variety of techniques. A WIS Newsletter was prepared and distributed monthly to all center staff, as well as to any other persons or organizations interested in receiving it. Periodic meetings were held among center managers. Initially these meetings were called by the state office, primarily for the purpose of providing additional training. Eventually, as cohesiveness developed within the group of center managers, they began to set meeting times and agendas completely on their own. In January 1975, plans were made by the center managers to formalize their group into a non-profit corporation. WISNET, Inc. was formally chartered in the State of Wisconsin in the summer of 1975. Membership was open to agencies and individuals interested in the fostering of information and referral services within the state. Organizational objectives for 1975-1976 were to develop standards for providers of I & R service within the state and to attempt to secure state funding for the purposes of reestablishing the WIS network. This organization also continued the publication of the WIS Newsletter.

During the course of the demonstration some new I & R programs were formed in some of the areas served by WIS centers. These programs typically were restricted to specialized target populations such as alcohol and drug abusers. Coordination between these I & R programs and the

WIS I & R network did not take place. This failure to coordinate at the local levels was probably due, at least in part, to the general lack of coordination of I & R activities within the Department of Health and Social Services which was mentioned in Chapter 4.

PART IV: Maintenance and Custodial Objectives

CHAPTER 10: Training, Evaluation, and Supervision of Staff Members

Three objectives are covered in this chapter, all having to do with efforts internal to the I & R network system to provide support services to develop and continue the I & R network operations. By and large the responsibility for carrying out these objectives rested with the state office staff.

OBJECTIVE III-C-1: *"Provide formal training for the staffs of network I & R centers."*

Assumption: In order to orient local I & R staff to the objectives of the network program and to acquaint them with the day-to-day routines of developing and maintaining an I & R center, the central office must provide formal training.

The assumption underlying this objective is self-evident. All staff members were new not only to the particular I & R methodology which was to be implemented during the demonstration, but to the field of information and referral itself. As is evident in Table 81, the majority of WIS staff members had little educational or employment experience in the area of human services. Thus, the need for formal training of all staff was a necessary task to be included in the program.

Effort

Approximately 4% of all staff time was involved in either giving or receiving training (Table 83). Paid staff split their time equally between giving and receiving training; volunteers reported no time spent in giving training, but 6% of their time was spent in receiving training. The state office staff spent about 3% of their time in giving and receiving training (Table 5). Precise figures for the cost of training are not available.

Performance and Adequacy of Performance

During the first few weeks of the demonstration program a considerable amount of time was spent by InterStudy staff in providing training and technical assistance to the state office staff. In essence, the goal of this training was to prepare the state office staff to train the center staff when they joined the demonstration. Ten training sessions were held during the two-years of the demonstration (Table 105). The first six programs were formal in structure and were oriented toward the development of basic skills by all center staff in the delivery of I & R services. The resource file training session was repeated twice (Sessions 2 and 4) for the staff of some of the centers who could not attend the first training program.

In two instances, outside consultants were involved in the training. The first training session on the resource file included three of the developers of the *SEARCH Inventory* to provide instruction on how to interview with that instrument and to provide information about the training of volunteers to interview with it. A nationally known consultant, with considerable experience in training persons in the delivery of I & R services was a key instructor for much of the third session on interviewing, information-giving, and referral.

Some idea of the content of the formal training programs may be grasped from Tables 106 - 109. In general the center staff rated the quality of training as somewhat above average on a five-point scale. In the case of the training session on the resource file, it was possible to obtain evaluative data some six months after the original training session and after the center staff had had an opportunity to apply their training in the field. In general the ratings tended to drop by about half a point, although in the case of the training in interviewing with the *SEARCH Inventory*, the ratings dropped by over a full point. The difficulties encountered by the staff in the field who interviewed with the *Inventory* were discussed in Chapter 4. It was not possible to obtain retrospective ratings on the other three training sessions.

In addition to the formal training programs offered by the state office, the center managers convened a number of meetings during the second year of the demonstration to discuss common problems and concerns. In some cases, part of these meetings were given over to formal training by an outside consultant in an area of specific concern to the center staff. As was noted in Chapter 9, these center manager meetings evolved into a formal organization, incorporated under the name WISNET, Inc. in the summer of 1975. In the absence of post-demonstration support from the state government, this organization provided a structure for the center staff to coordinate their activities and to share common problems and concerns with regard to the delivery of I & R services in the State of Wisconsin.

Efficiency and Process

No additional data are available for discussion of the various criteria listed under these categories of evaluation. In general the training programs seemed to have served their purpose well, not only in conveying information and technical skills to the center staff, but also in helping to build a cohesive network of centers and ***espirit de corps*** among the center staff.

OBJECTIVE III-C-2: *"Provide continuing supervision and consultation (including in-service training) to the staffs of the network of I & R centers."*

Assumption: Because professional consultation may not always be available at the center level, the central office must assume this responsibility.

OBJECTIVE III-C-3: *"Provide evaluation and feedback to individual centers."*

Assumption: Continuing evaluation and feedback are effective methods of assessing and improving the quality of I & R service delivery.

Because these two objectives are quite closely related, and because it was sometimes difficult to separate supervision from evaluation and feedback, these two objectives are discussed together. The major responsibility for carrying out these two objectives fell on the state office staff, as the assumptions indicate. As was pointed out in Chapter 8, very few local consultants were obtained by center personnel, so that the first assumption stated above seems valid. (However, the availability of the central office staff for consultation and help may have tended to serve as a disincentive for the center staff to seek out local consultants,) Few data are available to permit discussion of the second assumption that evaluation and feedback lead to improved delivery of I & R services. The second assumption remains unvalidated.

Effort The staff of the state office spent approximately 23% of their time in activities concerning supervision and evaluation (Table 5). Center staff reported spending 4% of their time in giving supervision to others and 5% of their time in receiving supervision; less than 1% of paid staff time was reported as being spent on evaluation and feedback activities (Table 83). Approximately 19% of the state office staff time was spent in giving supervision and consultation, compared with 2% in receiving the same. Only 2% of their time was spent in evaluation and feedback.

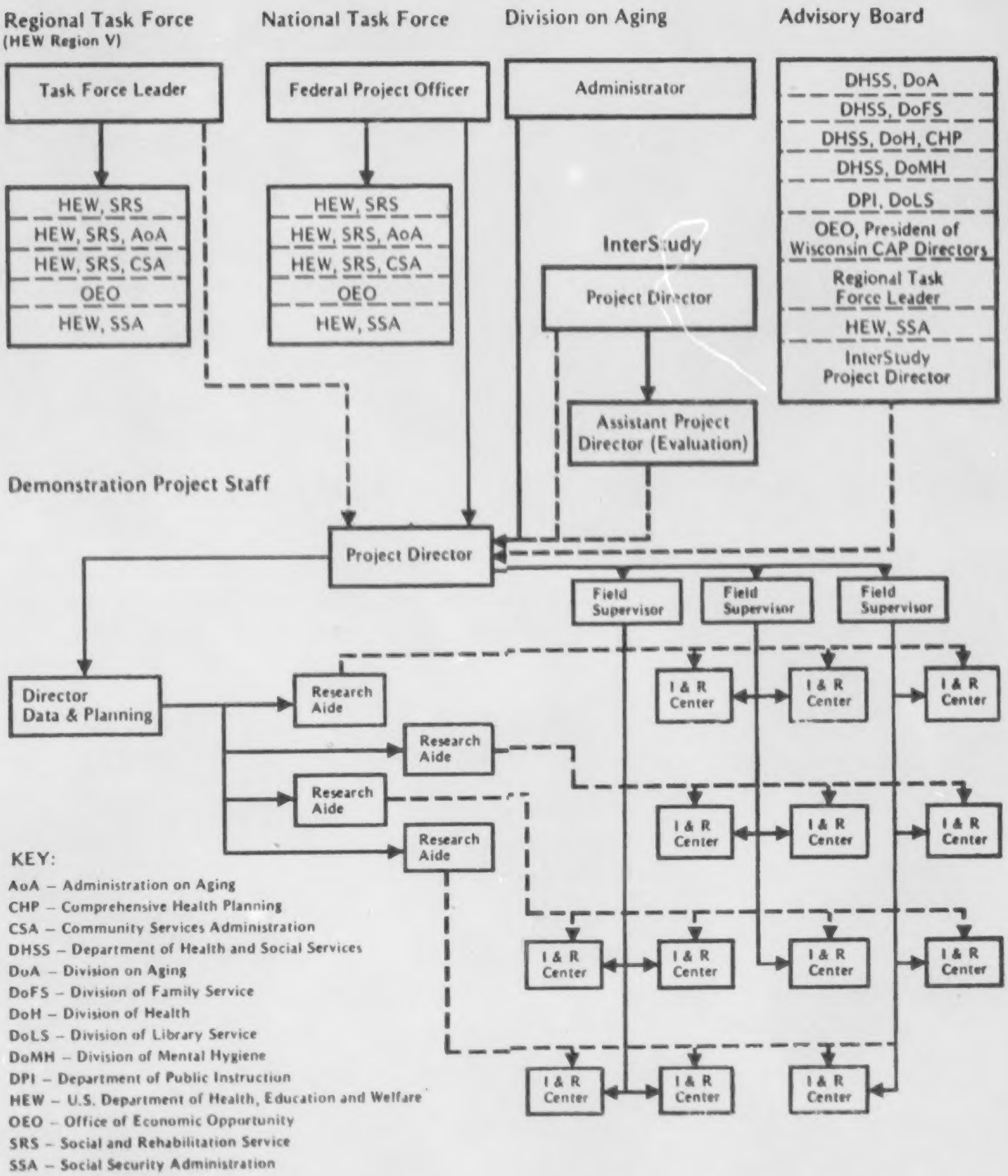
Performance

Precise data are not available about the number of consultative and supervisory visits, or the number of written reports that were prepared for the purposes of evaluation and feedback. However, data in Table 90 provide some indication of how actively the center staff sought help and advice from the state office. Out of over 22,000 additional contacts that were made in order to provide service to callers, only 206 involved the centers' contacting the state office for consultation. This represents .9% of all of the additional contacts made by the center staff. Thus, it does not appear that the centers relied at all heavily on the state office for consultation and advice.

A discussion of supervisory activities that took place during the demonstration is made difficult because of the rather complex administrative arrangements that existed for the demonstration program. A general idea of the various administrative relationships for the WIS network can be grasped from Figure 24. A Federal grant was given to the Wisconsin Division on Aging which had overall administrative responsibility for the program. InterStudy, funded under a separate Federal grant, had no direct responsibility or authority for the conduct of the program within the State of Wisconsin. However, as was explained in Chapter 1, a very close working relationship existed between the developers-evaluators of the program and those who had the responsibility for implementing it.

The Division on Aging used the monies available to it under the grant for the I & R Project Demonstration to fund nine of the network centers (which includes the center in Milwaukee) on a contractual basis. The implications of funding on a contractual basis were that supervisory control of the staff in these nine centers rested with the contracting or sponsoring agency. Thus, the state office staff had no direct line of authority for supervising or evaluating the day-to-day work of the center staff in these nine sites. In the case of the four centers located in Social Security offices, the situation was somewhat different. In three of these sites, the center manager was an employee of the Division on Aging, supervised directly by the state office staff. However, the I & R specialists in these three centers were employees of the Social Security Administration and were supervised directly by the sponsoring Social Security office. In the fourth center, the I & R specialist was an employee of the State of Wisconsin, supervised directly by project staff, but the center manager was an employee of the Social Security Administration, supervised by the sponsoring office. In a certain sense, then, the majority of the interactions between state office staff and center staff were consultative rather than supervisory.

Figure 24: Administrative Relationships among Demonstration Participants


Regional Task Force
(HEW Region V)
Task Force Leader
HEW, SRS
HEW, SRS, AoA
HEW, SRS, CSA
OEO
HEW, SSA
National Task Force
Federal Project Officer
HEW, SRS
HEW, SRS, AoA
HEW, SRS, CSA
OEO
HEW, SSA
Division on Aging
Administrator
Advisory Board
DHSS, DoA
DHSS, DoFS
DHSS, DoH, CHP
DHSS, DoMH
DPI, DoLS
OEO, President of Wisconsin CAP Directors
Regional Task Force Leader
HEW, SSA
InterStudy Project Director
InterStudy
Project Director
Assistant Project Director (Evaluation)
Demonstration Project Staff
Project Director
Field Supervisor
Field Supervisor
Field Supervisor
Director Data & Planning
Research Aide
Research Aide
Research Aide
Research Aide
I & R Center

KEY:
AoA – Administration on Aging
CHP – Comprehensive Health Planning
CSA – Community Services Administration
DHSS – Department of Health and Social Services
DoA – Division on Aging
DoFS – Division of Family Service
DoH – Division of Health
DoLS – Division of Library Service
DoMH – Division of Mental Hygiene
DPI – Department of Public Instruction
HEW – U.S. Department of Health, Education and Welfare
OEO – Office of Economic Opportunity
SRS – Social and Rehabilitation Service
SSA – Social Security Administration

The state office staff, however, did have the responsibility for assuring that the sponsoring agencies met the conditions of the contract under which they were operating a WIS I & R center. To this end, the state office staff developed a structured interview for the purpose of evaluating the activities of the centers. The development of this instrument was necessitated to a certain degree by the unavailability of reports from the Information and Referral Evaluation and Planning System (Long, 1975) which was being developed for evaluation of the program. The state office staff began using this structured interview early in 1974 to determine how well the centers were meeting their contractual obligations. Data from these interviews were used internally within the state office and are not included as part of this evaluation.

Adequacy of Performance, Efficiency, & Process

Data are not available for discussion of the various criteria listed for these categories of evaluation for either objective.

CHAPTER 11: Office Maintenance

The three objectives presented in this chapter were not included in the initial development of program objectives, and assumptions and measurement criteria were not prepared for them. Nevertheless, some mention should be made of these activities, as over 25% of all center time was spent in work in these areas (Table 110). In the state office, 40% of all staff time was given over to the performance of office maintenance objectives. The three objectives added to account for the time spent in these activities are discussed very briefly in this chapter.

OBJECTIVE VII-B: *"Provide clerical support for the I & R system."*

This objective covers routine office activities such as the typing of correspondence and reports, and the organization and filing of the same. Clerical activities associated with the resource file are not included. About 8% of all time of paid center staff was spent in such activities, with 14% of all state office time being so spent (Table 110). An additional 15% of all volunteer time was spent in such activities at the centers (Table 83). As was noted in Chapter 8, a substantial amount of the time (15%) of those at the highest professional level went to these activities, compared with those at the other professional levels (Table 84).

OBJECTIVE VII-C: *"Maintain center offices."*

Three sub-objectives were measured for this activity. The first was the amount of time spent in the formulation of various office policies and procedures. Overall, the state staff spent about 2% of their time in this activity, and the paid staff at the centers spent only 1% of their time in such activities. The second task concerned various communication responsibilities that normally befall those working in an office setting, such as responding to letters and answering telephone calls (only time spent in telephone calls not concerned with direct service to a client or for a client was reported).

About 3% of the time of the paid staff at both the centers and the state office were spent in this activity. The final item reported under this objective was a miscellaneous category for all other activities that were germane to the maintenance of the office. State office staff spent about 6% of all their time in such activities, compared with 2% for the paid center staff.

OBJECTIVE VII-D: *"Perform other tasks necessary to operate an I & R service."*

This objective is included in order to provide a means for recording the time spent in all other activities which were not included in the formal set of program objectives. In large part, this category was used to record time spent for sick leave and vacations. Approximately 15% of all time of the state office staff was recorded under this rubric. Twelve percent of the time of the paid center staff was so recorded. Ideally, if a program were completely specified in terms of all of the activities the staff undertake while at work, there would be only a very small proportion of time recorded as spent in miscellaneous activities. To the extent larger amounts of time are recorded under the miscellaneous rubric, one has a measure of the need to review and revise the program objectives in order to account for how program resources are being spent.

PART V: Decoding Objectives

CHAPTER 12: Using I & R Data for Human Services Planning

SECTION I: Potential Contributions of an I & R Network to Human Services Planning

OVERVIEW In Chapter 3 a number of questions were raised concerning the various outputs of an I & R system. The program objectives established for the Wisconsin Information Service recognized the possibility of information as an output, but the main program output stressed for the demonstration was the connection of people in need of services with the appropriate providers. Because of the time constraints of two years placed on the demonstration by the funding agency, and because of the higher priority assigned to a number of other objectives, the planning objectives were formulated as long-range, to be accomplished at some future time after the demonstration was over. The four planning objectives established for the WIS network program are considered very briefly in this chapter, primarily from the perspective of the groundwork that was laid in order to realize them later on.

Role

Before turning to the specific program objectives, however, it may be helpful to consider the role of an I & R service within a more general context of planning. Although a number of different approaches and views exist about the nature of planning, that presented by the Puget Sound Governmental Conference (1974) serves the purposes of this report very well. The Conference identified three primary groups which are involved in the planning process: (1) elected officials, (2) advisory boards, and (3) planning staff. The ultimate decision-making authority and responsibility rests with the elected officials. It is their job to set priorities for the allocation of public funds. They may establish advisory boards to assist in the priority-setting process. The particular contribution of advisory boards is the evaluation of data concerning community service needs and how well current service programs are meeting such needs. The planning staff members gather and organize materials to meet the basic data requirements of the elected officials in order to facilitate their decision-making activities. Comprehensive planners work closely with physical and categorical planners in order to produce integrated data for the elected officials. Although planners may provide staff support to advisory boards, they are the employees of the elected officials and depend on them for direction and supervision of their work.

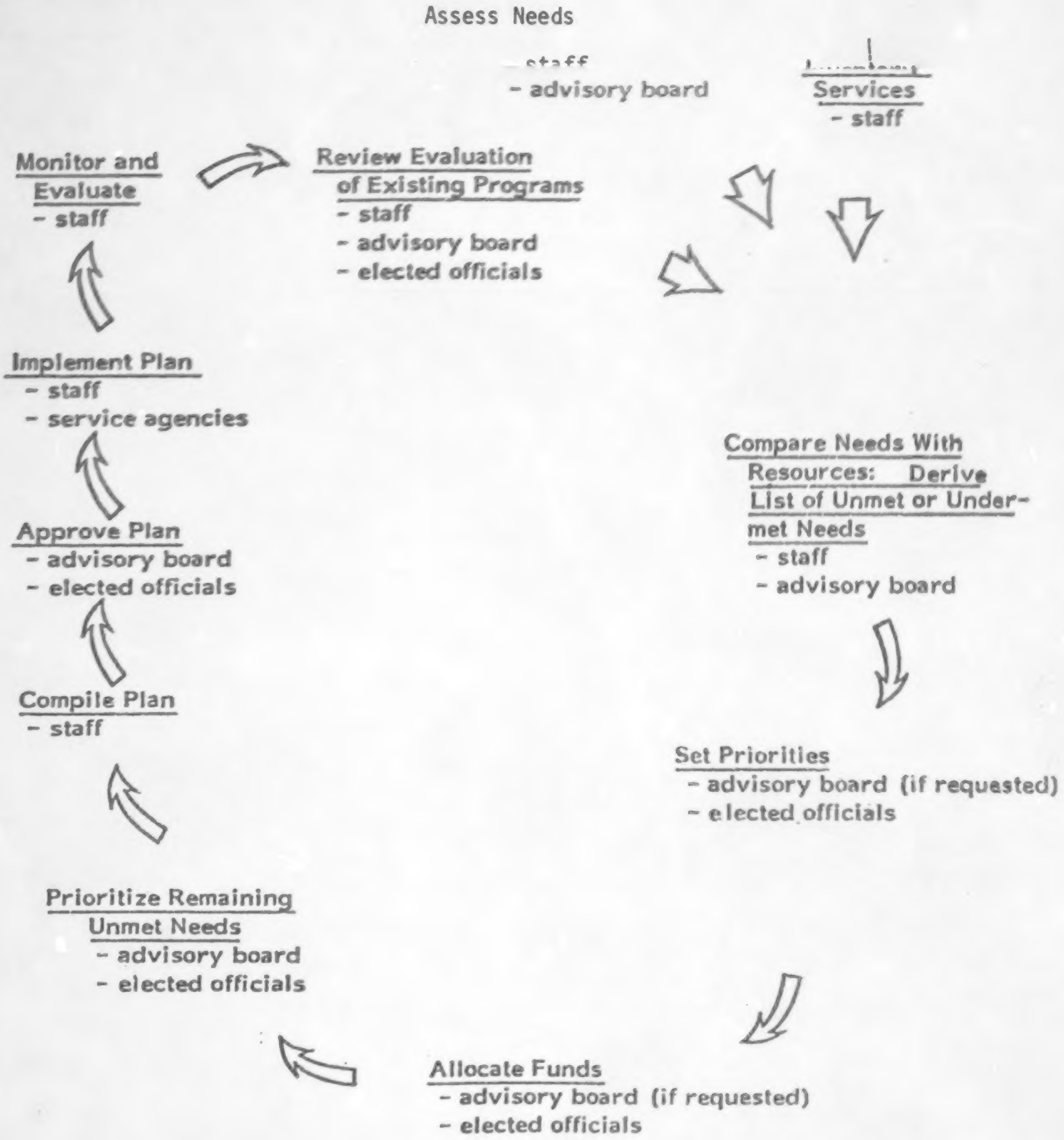
Planning Process

The planning process may be conceptualized as consisting of seven related steps: (1) assessing needs, (2) inventorying resources, (3) comparing needs with resources, (4) setting priorities, (5) allocating funds, (6) listing remaining unmet needs, and (7) monitoring and evaluating service programs. The relationship of these activities to each other and with those responsible for carrying them out is shown in Figure 25.

Because I & R systems rarely have a direct responsibility to elected officials, and typically are not an integral part of a planning staff, the role that they can play in the planning process is somewhat limited. Obviously, the location of the I & R system and its organizational relationships with planning bodies will greatly influence the extent to which I & R data may be used in the planning process.

It seems obvious that an I & R system has the greatest potential for contributing to the planning process in step two: inventorying resources. Provided that the I & R system has developed a comprehensive resource file, the data in it should be of substantial help to planners for their work in this area. But what kinds of data do planners want with regard to the human services available in their area? The Conference recommended the following as a minimum data base:

Figure 25: Relationship Among Various Planning Tasks and Those Who are Responsible for Them*


Assess Needs
- staff
- advisory board
Services
- staff
Review Evaluation of Existing Programs
- staff
- advisory board
- elected officials
Monitor and Evaluate
- staff
Implement Plan
- staff
- service agencies
Approve Plan
- advisory board
- elected officials
Compile Plan
- staff
Prioritize Remaining Unmet Needs
- advisory board
- elected officials
Allocate Funds
- advisory board (if requested)
- elected officials
Set Priorities
- advisory board (if requested)
- elected officials
Compare Needs With Resources: Derive List of Unmet or Undermet Needs
- staff
- advisory board

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*From Puget Sound Governmental Conference, 1974, p. 4.

2. Services offered and to whom (i.e., what need is met);
3. Eligibility requirements for recipients;
4. Geographic or jurisdictional service area;
5. Source and amount of funding (both for the previous and current years);
6. Number of different individuals served (actually served in the previous year, and estimated to be served in the current year);
7. Units of service (e.g., hours of counseling provided in the previous year and estimated in the current year);
8. Program capacity in previous and current year (e.g., 200 slots for a three-month training program); and
9. General socio-economic characteristics of the clients served.

In addition, the Conference recommended that at least the following kinds of agencies be included in the inventory:

- Health services
    - Mental health
    - Mental retardation
    - Drug abuse
    - Alcoholism
- Public health services
- Hospitals
- Clinics
- Nursing homes
- Educational institutions
- Employment and training services
- Rehabilitation services
- Social services
    - Legal services
    - Juvenile programs
    - Recreation programs
    - Libraries

contain all of the kinds of agencies just listed, it may not necessarily have all of the information about each agency which the planner desires, because not all of the information desired by the planner is germane to the primary use of the resource file by I & R service staff members: The connection of persons in need with services. Thus, a problem arises as to how much and what kinds of data the I & R system should gather. The collection and organization of data are expensive and time-consuming (see Chapter 4), in terms of both I & R personnel and the patience and good will of the agencies providing the information. Once obtained, there is the cost of cataloguing and organizing the information in some kind of storage system which will permit convenient retrieval. If computers are used for storage, there is a fairly direct and proportionate relationship between cost and the amount of data stored. There will be costs in terms of time to access the information, either manually or by computer, which are proportionate to the amount of information stored. And finally there are costs for keeping the information up-to-date. Given all of these factors, the question of whether or not the resource file can serve as a data base for planners' inventories of service is somewhat thorny.

If the resource file data base is very comprehensive, it will be quite costly to maintain, and much of the information will be of little direct use to the I & R system in its day-to-day activities. If the data base is not sufficiently comprehensive, it may be necessary for planners to undertake additional surveys in order to secure other kinds of data which are desired by the elected officials or advisory board members. It seems inevitable that if I & R data are to be useful for planning, a thorough marketing analysis must be undertaken by the I & R system in order to meet all needs for supplying such information to planners. Planning agencies at different levels of government, both in public and private sectors should be included in the analysis. To the extent that planning agencies are willing to contract and pay for such a service, the cost of maintaining an expanded resource file data base by the I & R system may be underwritten. At the same time, unnecessary duplication of effort by many different planning agencies in inventorying service providers may be eliminated.

Analytic Capabilities

To the extent that the I & R system has developed additional analytic capabilities with reference to the resource inventory data base, further services may be offered which will be of use to planners. For example, the master index which was developed for the WIS I & R system (see Chapter 4) gives information about the number of facilities which provide particular services for specific problems (Figure 26). Although developed for use by I & R staff members as a tool to help those seeking services, this index also provides information which may be useful to planners. Because the computer program which produces this index has the capability of generating in a very short time a complete

Figure 26: Master Index for Entire WIS Network—Housing Category

CATEGORY/PROBLEM		CIVIL RIGHTS SERVICES 01	ENVIRONMENT.HLTH.SERV 02	FAIR HOUSING PROGRAMS 03	FINANCIAL ASSISTANCE 04	GUARDIANSHIP 05	HOMEMAKER SERVICES 06	LAW ENFORCEMENT 07	LEGAL ASSISTANCE 08	LISTING.APARTMENT 09	LISTING.HOUSE 10	LISTING.HOUSING.AUCTN 11	LISTING.LOW COST HOUS 12	LISTING.MOBILE HME PK 13	LVG.ACCOM.BOARD/CARE 14	LVG.ACCOM.BOARDG.HOME 15	LVG.ACCOM.FOSTER HOME 16	LVG.ACCOM.HSG.COOP.PR 17	LVG.ACCOM.HSG.SR.CITZ 18	LVG.ACCOM.LSD.HSG.PRO 19	LVG.ACCOM.MATERN.HOME 20	MANPOWER SERVICES 35	TOTAL 36
12-01-00 BLOCKBUSTING	#	27	1	6	1			18	16				1			1			2				56
	%	1																					1
12-02-00 DISCRIM.RENTAL.AGE	#	29	1	31	3		1	27	20	5	4		6	2	4	2		1	9	1			97
	%	1		1				1															2
12-03-00 DISCRIM.RENTAL.ETHNIC	#	37		34	2	1	1	29	28	5	4		6	2				1	4	1			100
	%	1		1				1	1														2
12-04-00 DISCRIM.RENTAL.SEX	#	32		28	1		1	28	20	3	2		3	1	2	2			3			1	85
	%	1		1				1															2
12-05-00 DISCRIM.SALE.AGE	#	27		25				27	20	1	1		2	1	2				4				83
	%	1		1				1															2
12-06-00 DISCRIM.SALE.ETHNICIT	#	35		28				28	27	2	2		3	1					2				90
	%	1		1				1	1														2
12-07-00 DISCRIM.SALE.SEX	#	29		25				29	20	1	1		2	1					2				79
	%	1		1				1															2
12-08-00 DISPUTES.LANDL-TENANT	#	13	5	9	2		2	68	27	4	4		5	1	1		1		4			1	137
	%							2	1														3
12-09-00 EVICTION	#	14		21	10			48	27	21	18	2	21	1			1	2	7	5			177
	%							1	1														4
12-10-00 HOME MANAGEMENT	#	6	16	6	36	8	36	6	4	4	2		5	1	22	10	4		26	3	1	3	171
	%				1		1												1				4
12-11-00 HOMELESS	#	8		15	47	2		5	4	29	21	7	25	11	55	22	23	6	39	6	4		262
	%				1					1			1		1		1		1				6
12-12-00 HOUSING. PURCHASING	#	25	2	30	66	2	2	3	8	6	20	3	28	3				6	16	4			168
	%	1		1	1								1										4
12-13-00 HOUSING. RENTAL	#	27	3	31	59		1	5	5	17	28		41	4	6	1		3	45	7		1	216
	%	1		1	1						1		1						1				5
12-14-00 LOCATION	#	7	8	21	24		3	7	3	29	30	6	33	15	17	13	4	3	29	5	3		160
	%				1					1	1		1						1				4
12-15-00 OVERCROWDED	#	6	9	14	20		1	14	3	19	16	4	7	7	12	10		3	9		1		118
	%																						3
12-16-00 UNFIT FOR HABITATION	#	7	56	13	32	5	11	63	19	22	19	3	22	5	3	2	1	1	10	1	1		229
	%		1		1			1															5
12-17-00 DISCRIM.RENT.HDCP/DIS	#	6		6				6	5	2	1		2		1	1	1		1	2			20
	%																						
12-18-00 DISCRIM.SALE.HDCP/DIS	#	6		4				6	5						1	1	1			1			17
	%																						
12-19-00 FORECLOSURE	#	2		3	1			2	4	2	1	1											15
	%																						
12-99-00 TOTAL	#	57	66	58	121	14	38	108	51	66	53	12	62	24	71	38	30	14	72	16	8	4	635
	%	1	1	1	3		1	2	1	1	1		1	1	2	1	1		2				14

index for different geographic areas, based on either the Bureau of the Census geocode scheme or on zip codes, it may be a very convenient tool for planners at all levels of government concerned with the inventorying of community resources.

A second analytic tool developed for the WIS data base is shown in Figure 27. Here the resource file is analyzed with regard to the frequency with which different services are provided by the facilities in the geographic area selected. The information is presented in rank order, starting with the problem-service combination which is most frequent, and listing all problem-service combinations in decreasing order of frequency. The column numbers in Figure 27 correspond with the center numbers; the last column is a total of all preceding columns. Thus, the most frequently available "service" is accepting money from donors for the "problem" of receiving volunteer services. A total of 758 facilities (of over 4,200 inventoried in the state) reported that they accept donations of money. In the Madison center (01), 120 facilities reported that they accept donations of money. The kinds of reports shown in Figures 26 and 27 may provide planners with helpful information concerning the "supply" of services in particular geographic areas. Additional information about these reports is contained in Volume 3 of this report.

A second task in which an I & R system may be of help to planners is that of assessing needs. If an I & R system keeps careful records, it may be in a position to

Figure 27: Resource File Analysis for Facilities Interviewed by the Entire WIS Network

CATEGORY/PROBLEM/SERVICE		(Center 01,Madison) COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
21-02-06 VOLUNTEERISM	#	120	57	20	74	28	68	37	37	58	23
RECVNG VOLUNT.SERVICE	%	27.9	21.4	11.0	15.7	11.5	15.6	13.5	17.7	34.5	6.0
DONOR, MONEY	R	1.0	1.0	26.0	1.0	15.0	9.0	8.0	1.0	1.0	9.0
21-02-06 COL 11 THRU COL 20	#	65	50	121	Total 758						
	%	12.5	15.8	20.4	17.1						
	R	1.0	1.0	1.0	2.0						
10-01-11 GOVERNMENT	#	16	14	15	43	5	91	(Center 07,Oconto) 64	21	4	69
ASSESSMENTS, PROPERTY	%	3.7	5.2	8.2	9.1	2.0	20.9	23.4	10.0	2.3	18.1
INFORMATION	R	69.0	67.5	45.5	5.0	63.0	4.0	2.0	6.5	68.5	1.0
10-01-11 COL 11 THRU COL 20	#	61	16	(Center 13 Milwaukee) 9	(Total) 428						
	%	11.7	6.3	1.5	9.6						
	R	3.0	56.5	65.0	2.0						
10-10-11 GOVERNMENT	#	27	18	15	62	4	89	55	22	6	55
ELECTIONS, BALLOTS	%	6.2	6.7	8.2	13.1	1.6	20.4	20.1	10.5	3.5	17.0
INFORMATION	R	57.5	58.5	45.5	3.0	66.0	5.5	5.0	4.0	58.0	2.0
10-10-11 COL 11 THRU COL 20	#	38	14	10	425						
	%	7.3	5.5	1.6	9.6						
	R	6.0	63.0	63.0	3.0						
21-02-03 VOLUNTEERISM	#	76	37	13	40	26	53	19	20	28	8
RECVNG VOLUNT.SERVICE	%	17.6	13.5	7.1	8.5	10.6	12.1	6.9	9.5	16.6	2.0
DONOR, GIFTS	R	2.0	5.5	50.5	6.5	26.0	15.0	37.0	9.0	2.0	49.0
21-02-03 COL 11 THRU COL 20	#	26	24	53	423						
	%	5.0	5.5	8.9	9.5						
	R	12.5	25.0	12.5	4.0						
22-01-24 WELL PERSON	#	47	26	12	22	14	60	62	31	5	53
HEALTH MAINTENANCE	%	10.9	5.7	6.6	4.6	5.7	13.7	22.7	14.8	2.9	13.9
HEALTH REFERRAL	R	13.5	20.5	53.5	53.5	45.0	11.0	3.0	2.0	65.0	7.0
22-01-24 COL 11 THRU COL 20	#	13	22	55	422						
	%	2.5	8.7	9.2	9.5						
	R	51.5	31.5	9.5	5.0						
22-01-15 WELL PERSON	#	51	35	20	45	23	57	25	13	15	12
HEALTH MAINTENANCE	%	11.8	14.6	11.0	9.5	9.4	13.1	9.1	6.2	8.9	3.1
DRUG ABUSE,INFORMATIO	R	10.0	4.0	26.0	4.0	31.5	13.0	22.5	31.5	20.5	31.5
22-01-15 COL 11 THRU COL 20	#	17	38	60	415						
	%	3.2	15.0	10.1	9.3						
	R	32.5	2.5	6.0	6.0						
21-02-01 VOLUNTEERISM	#	64	32	11	39	21	56	18	22	13	11
RECVNG VOLUNT.SERVICE	%	14.8	12.0	6.0	8.2	8.6	12.8	6.5	10.5	7.7	2.8
DONOR, CLOTHING	R	3.5	8.5	56.0	8.0	38.0	14.0	42.5	4.0	33.0	34.0
21-02-01 COL 11 THRU COL 20	#	34	23	65	414						
	%	6.3	11.1	10.9	9.3						
	R	9.0	9.0	3.0	7.0						

provide information concerning demand for various services. (It should be noted that there are conceptual difficulties in distinguishing between "need" and "demand," but consideration of these issues is beyond the scope of this report. Let it suffice to say that the data available to planners from I & R systems most typically will be of demand for services rather than need for them.) One kind of analysis possible from such demand data is shown in Figures 28 and 29. The most frequent service requested by those age 59 and under was for "food stamp programs" for the problem "lack of adequate food" (Figure 28). Requests for food stamp programs ranked fifth for those age 60 and over. "Assistance for obtaining help" with "state income taxes" ranked first for this age group (Figure 29). However, requests for this service all came from the Milwaukee area. No other centers reported this request. By removing the data from the Milwaukee center from the data base, an analysis of the problems and service demands of those age 60 and over in the remainder of the state can be observed with greater clarity (Figure 30). Further information about these kinds of analyses is available in Volume 3 of this final report.

Service Gaps

In addition to providing planners with information about demands for services by different population groups, the I & R system can also provide information about difficulties in finding requested services for callers. That is, they can identify gaps in the service system. A sample page from a gaps in service report developed for the WIS

Figure 28: WIS Inquiries by Category, Problem, and Service by Those Age 59 and Under During the Demonstration Period

	CATEGORY PROBLEM SERVICE		01 MSN.	02 BEL.	03 REFD.	04 CASH.	05 EAU C	06 ASH.	07 OCON.	08 G.B.	09 MAN.	10 FOND.	11 WAUK.	12 WIS.R	13 MILW	CMBNED CNTERS
9- 1- 4	FOOD	FRQ	7	1	3	2	2	6	2	11	3	2	6	2	7	54
	LACK OF ADEQUATE FOOD	%	.9	.2	2.5	1.0	.6	1.1	1.6	2.0	.5	.4	.9	.4	3.8	1.0
	FOOD STAMP PROGRAMS	RNK	6.0	208.0	6.0	15.0	33.5	7.5	7.5	1.0	35.0	65.5	7.0	46.5	2.5	1.0
		CM%	.9	.2	2.5	1.0	.6	1.1	1.6	2.0	.5	.4	.9	.4	3.8	1.0
18-26- 1	RECREATION	FRQ	10	2		1		4	1	4	8	14	1	7	3	50
	REC/ENTERT.ACTIVITIES	%	1.3	.4		.5		.7	.8	.7	1.3	2.5	.2	.4	1.6	.9
	GENERAL INFORMATION	RNK	1.5	47.0		87.0		14.0	62.5	16.0	3.5	1.5	278.0	46.5	7.0	2.6
		CM%	2.3	.6	2.5	1.5	.6	1.8	2.3	2.8	1.8	2.8	1.1	.8	5.4	[illegible]
7-10- 3	FAMILY	FRQ	5	3		5	5	1		10	11	5	2	2		[illegible]
	PLE.CARETAK.DIF.CHILD	%	.7	.6		2.5	1.6	.2		1.9	1.8	.9	.3	.4		[illegible]
	BABYSITTING SERVICES	RNK	22.5	18.5		2.5	4.0	231.5		2.0	1.5	8.5	74.0	46.5		3.0
		CM%	2.9	1.3	2.5	4.1	2.2	2.0	2.3	4.7	3.5	3.7	1.4	1.2	5.4	[illegible]
8-17-23	FINANCIAL	FRQ	4	1	4		4	12	6	1	1	4	5	2	2	[illegible]
	LCK.FNDS.GEN.INC.MAIN	%	.5	.2	3.3		1.3	2.2	4.7	.2	.2	.7	.8	.4	1.1	[illegible]
	SUPPLEM.SECURI.INCOME	RNK	32.0	208.0	3.0		9.5	1.5	1.0	223.0	263.0	13.5	10.0	46.5	14.0	4.0
		CM%	3.5	1.5	5.8	4.1	3.5	4.1	7.0	4.8	3.7	4.4	2.2	1.6	6.5	[illegible]
10-65-11	GOVERNMENT	FRQ	4	2		1	1	12	3	3	5	4	5	3		43
	TAXES. STATE INCOME	%	.5	.4		.5	.3	2.2	2.3	.6	.8	.7	.8	.6		.8
	INFORMATION	RNK	32.0	47.0		87.0	139.0	1.5	2.0	31.0	9.5	13.5	10.0	19.0		5.0
		CM%	4.0	1.9	5.8	4.6	3.8	6.3	9.3	5.4	4.5	5.1	2.9	2.2	6.5	4.3
10-65- 4	GOVERNMENT	FRQ													42	42
	TAXES. STATE INCOME	%													22.7	.8
	ASSISTANCE OBTAINING	RNK													1.0	6.0
		CM%	4.0	1.9	5.8	4.6	3.8	6.3	9.3	5.4	4.5	5.1	2.9	2.2	29.2	5.1
10-32-11	GOVERNMENT	FRQ	6	1	2	12		2	1		1		1	6	6	38
	LIC/REGIS.SOCIAL SECU	%	.8	.2	1.7	6.1		.4	.8		.2		.2	1.2	3.2	.7
	INFORMATION	RNK	13.0	208.0	11.0	1.0		66.5	62.5		263.0		278.0	5.0	4.0	7.0
		CM%	4.8	2.2	7.4	10.7	3.8	6.6	10.1	5.4	4.6	5.1	3.1	3.4	32.4	5.9
4- 3-14	EDUCATION	FRQ	3	3		1	1	4			1	8	7	7		35
	COLLEGE (UNIVERSITY)	%	.4	.6		.5	.3	.7			.2	1.4	1.1	1.4		.6
	FINANCIAL ASSISTANCE	RNK	46.5	18.5		87.0	139.0	14.0			263.0	4.5	4.0	2.0		8.5
		CM%	5.2	2.9	7.4	11.2	4.1	7.4	10.1	5.4	4.8	6.5	4.2	4.8	32.4	6.4
12-13- 9	HOUSING	FRQ	6	6		1	3	3			4	8	4			35
	HOUSING. RENTAL	%	.8	1.3		.5	.9	.5			.6	1.4	.6			.6
	LISTING.APARTMENT	RNK	13.0	3.0		87.0	16.5	30.5			19.0	4.5	16.5			8.5
		CM%	6.0	4.1	7.4	11.7	5.1	7.9	10.1	5.4	5.4	8.0	4.8	4.8	32.4	7.0
10-63-11	GOVERNMENT	FRQ	9	1	5	1	1	3	2	1	1	3	2	4	1	34
	TAXES. PROPERTY	%	1.2	.2	4.1	.5	.3	.5	1.6	.2	.2	.5	.3	.8	.5	.6
	INFORMATION	RNK	3.0	208.0	1.5	87.0	139.0	30.5	7.5	223.0	263.0	25.0	74.0	12.0	63.5	10.5
		CM%	7.2	4.3	11.6	12.2	5.4	8.4	11.6	5.6	5.6	8.5	5.1	5.6	33.0	7.6

Figure 29: WIS Inquiries by Category, Problem, and Service for Those Age 60 and Over During the Demonstration Period

	CATEGORY PROBLEM SERVICE		01 MSN.	02 AFL.	03 REED.	04 CASH.	05 EAU C	06 ASH.	07 OCON.	08 G.B.	09 MAN.	10 FOND.	11 WAUK.	12 WIS.P	13 MILW	CMBNED CNTERS
10-65- 4	GOVERNMENT	FRQ													310	310
	TAXES, STATE INCOME	%													41.2	13.5
	ASSISTANCE OBTAINING	RNK													1.0	1.0
		CM%													41.2	13.5
8-17-23	FINANCIAL	FRQ	2		4	3	2	23	10	3	6	6	10	4	49	122
	LCK.FNDS.GEN.INC.MAIN	%	1.4		8.5	3.6	2.0	16.4	22.7	3.3	2.5	3.3	4.1	2.6	6.5	5.3
	SUPPLEM.SECURI.INCOME	RNK	16.5		2.5	4.0	9.5	1.0	1.0	3.5	5.5	2.0	1.5	2.5	2.0	2.0
		CM%	1.4		8.5	3.6	2.0	16.4	22.7	3.3	2.5	3.3	4.1	2.6	47.7	18.8
10-63-11	GOVERNMENT	FRQ	6		4	7	3	9	1	1	11	4	4	11	6	67
	TAXES, PROPERTY	%	4.3		8.5	8.3	2.9	6.4	2.3	1.1	4.6	2.2	1.6	7.2	.8	2.9
	INFORMATION	RNK	1.0		2.5	2.0	5.5	2.0	18.5	42.5	3.0	6.5	11.5	1.0	15.5	3.0
		CM%	5.7		17.0	11.9	4.9	22.9	25.0	4.4	7.1	5.5	5.7	9.8	48.5	21.9
10-32-11	GOVERNMENT	FRQ	3		5	23		1	1		2		2	2	18	57
	LIC/REGIS.SOCIAL SECU	%	2.1		10.6	27.4		.7	2.3		.8		.8	1.3	2.4	2.5
	INFORMATION	RNK	8.5		1.0	1.0		51.5	18.5		27.5		26.0	13.5	4.0	4.0
		CM%	7.8		27.7	39.3	4.9	23.6	27.3	4.4	7.9	5.5	6.5	11.1	50.9	24.2
9- 1- 4	FOOD	FRQ		1	3		1	3	1		2	1	8	2	21	43
	LACK OF ADEQUATE FOOD	%		1.4	6.4		1.0	2.1	2.3		.8	.5	3.3	1.3	2.8	1.9
	FOOD STAMP PROGRAMS	RNK		30.5	4.5		37.0	6.5	18.5		27.5	76.5	3.5	13.5	3.0	5.0
		CM%	7.8	1.4	34.0	39.3	5.9	25.7	29.5	4.4	8.7	6.0	9.8	12.4	53.7	26.1
7- 9-26	FAMILY	FRQ	3			1	6			2	10	2	2	1	9	36
	RLE.CARETAK.DIF.ADULT	%	2.1			1.2	5.9			2.2	4.1	1.1	.8	.7	1.2	1.6
	HOMEMAKER SERVICES	RNK	8.5			27.0	3.0			7.5	4.0	23.5	26.0	68.5	9.0	6.0
		CM%	9.9	1.4	34.0	40.5	11.8	25.7	29.5	6.6	12.9	7.1	10.6	13.1	54.9	27.7
7- 9-25	FAMILY	FRQ	4		1		3		1	2	12	7		1	3	34
	RLE.CARETAK.DIF.ADULT	%	2.8		2.1		2.9		2.3	2.2	5.0	3.8		.7	.4	1.5
	HOME HEALTH CARE	RNK	4.0		19.5		5.5		18.5	7.5	2.0	1.0		68.5	33.0	7.0
		CM%	12.8	1.4	36.2	40.5	14.7	25.7	31.8	8.8	17.8	10.9	10.6	13.7	55.3	29.2
9- 3-11	FOOD	FRQ	4	1	2	2	1	5		2	6	3	1		6	33
	MEALS, UNABLE PREPARE	%	2.8	1.4	4.3	2.4	1.0	3.6		2.2	2.5	1.6	.4		.8	1.4
	MEAL PROGRAM.PORTABLE	RNK	4.0	30.5	6.0	6.5	37.0	3.5		7.5	5.5	12.5	91.5		15.5	8.0
		CM%	15.6	2.9	40.4	42.9	15.7	29.3	31.8	11.0	20.3	12.6	11.0	13.7	56.1	30.6
12-13-18	HOUSING	FRQ	4	5			1			5	3	1	6	1	6	37
	HOUSING, RENTAL	%	2.8	7.2			1.0			5.5	1.2	.5	2.4	.7	.8	1.4
	LVG.ACCOM.HSG.SR.CITZ	RNK	4.0	1.5			37.0			1.0	12.5	76.5	8.0	68.5	15.5	9.0
		CM%	18.4	10.1	40.4	42.9	16.7	29.3	31.8	16.5	21.6	13.1	13.4	14.4	56.9	32.0
7- 9-27	FAMILY	FRQ	4			2	11		1	1	2		1		8	30
	RLE.CARETAK.DIF.ADULT	%	2.8			2.4	10.8		2.3	1.1	.8		.4		1.1	1.3
	HOUSEKEEPING SERVICES	RNK	4.0			6.5	2.0		18.5	42.5	27.5		91.5		10.5	10.5
		CM%	21.3	10.1	40.4	45.2	27.5	29.3	34.1	17.6	22.4	13.1	13.8	14.4	58.0	33.3

Figure 30: WIS Inquiries by Category, Problem, and Service for Those Age 60 and Over During the Demonstration Period Excluding the Milwaukee Center (13)

	CATEGORY PROBLEM SERVICE		01 MSN.	02 BEL.	03 REED.	04 CASH.	05 EAU C	06 ASH.	07 OCON.	08 G.B.	09 MAN.	10 FOND.	11 WAUK.	12 WIS.R	13 MILW	CMBNED CNTERS
8-17-23	FINANCIAL	FRQ	2		4	3	2	23	10	3	6	6	10	4		73
	LCK.FNDS.GEN.INC.MAIN	%	1.4		8.5	3.6	2.0	16.4	22.7	3.3	2.5	3.3	4.1	2.6		4.7
	SUPPLEM.SECURI.INCOME	RNK	16.5		2.5	4.0	9.5	1.0	1.0	3.5	5.5	2.0	1.5	2.5		1.0
		CM%	1.4		8.5	3.6	2.0	16.4	22.7	3.3	2.5	3.3	4.1	2.6		4.7
10-63-11	GOVERNMENT	FRQ	6		4	7	3	9	1	1	11	4	4	11		61
	TAXES. PROPERTY	%	4.3		8.5	8.3	2.9	6.4	2.3	1.1	4.6	2.2	1.6	7.2		4.0
	INFORMATION	RNK	1.0		2.5	2.0	5.5	2.0	18.5	42.5	3.0	6.5	11.5	1.0		2.0
		CM%	5.7		17.0	11.9	4.9	22.9	25.0	4.4	7.1	5.5	5.7	9.8		8.7
10-32-11	GOVERNMENT	FRQ	3		5	23		1	1		2		2	2		39
	LIC/REGIS.SOCIAL SECU	%	2.1		10.6	27.4		.7	2.3		.8		.8	1.3		2.5
	INFORMATION	RNK	8.5		1.0	1.0		51.5	18.5		27.5		26.0	13.5		3.0
		CM%	7.8		27.7	39.3	4.9	23.6	27.3	4.4	7.9	5.5	6.5	11.1		11.2
7- 9-25	FAMILY	FRQ	4		1		3		1	2	12	7		1		31
	RLE.CARETAK.DIF.ADULT	%	2.8		2.1		2.9		2.3	2.2	5.0	3.8		.7		2.0
	HOME HEALTH CARE	RNK	4.0		19.5		5.5		18.5	7.5	2.0	1.0		68.5		4.0
		CM%	10.6		29.8	39.3	7.8	23.6	29.5	6.6	12.9	9.3	6.5	11.8		13.2
19- 8-32	TRANSPORTATION	FRQ		2							24	3				29
	LACK TRANS.HLTH.CARE	%		2.9							10.0	1.6				1.9
	WIS ESC/TRANSP.SERVIC	RNK		6.5							1.0	12.5				5.0
		CM%	10.6	2.9	29.8	39.3	7.8	23.6	29.5	6.6	22.8	10.9	6.5	11.8		15.1
7- 9-26	FAMILY	FRQ	3			1	6			2	10	2	2	1		27
	RLE.CARETAK.DIF.ADULT	%	2.1			1.2	5.9			2.2	4.1	1.1	.8	.7		1.8
	HOMEMAKER SERVICES	RNK	8.5			27.0	3.0			7.5	4.0	23.5	26.0	68.5		7.0
		CM%	12.8	2.9	29.8	40.5	13.7	23.6	29.5	8.8	27.0	12.0	7.3	12.4		16.9
9- 3-11	FOOD	FRQ	4	1	2	2	1	5		2	6	3	1			27
	MEALS. UNABLE PREPARE	%	2.8	1.4	4.3	2.4	1.0	3.6		2.2	2.5	1.6	.4			1.8
	MEAL PROGRAM.PORTABLE	RNK	4.0	30.5	6.0	6.5	37.0	3.5		7.5	5.5	12.5	91.5			7.0
		CM%	15.6	4.3	34.0	42.9	14.7	27.1	29.5	11.0	29.5	13.7	7.7	12.4		18.6
12-13-12	HOUSING	FRQ	3	5	1	1	2				3	4	6	2		27
	HOUSING. RENTAL	%	2.1	7.2	2.1	1.2	2.0				1.2	2.2	2.4	1.3		1.8
	LISTING.LOW COST HOUS	RNK	8.5	1.5	19.5	27.0	9.5				12.5	6.5	8.0	13.5		7.0
		CM%	17.7	11.6	36.2	44.0	16.7	27.1	29.5	11.0	30.7	15.8	10.2	13.7		20.4
12-13-18	HOUSING	FRQ	4	5			1			5	3	1	6	1		26
	HOUSING. RENTAL	%	2.8	7.2			1.0			5.5	1.2	.5	2.4	.7		1.7
	LVG.ACCOM.HSG.SR.CITZ	RNK	4.0	1.5			37.0			1.0	12.5	76.5	8.0	68.5		[illegible]
		CM%	20.6	18.8	36.2	44.0	17.6	27.1	29.5	16.5	32.0	16.4	12.6	14.4		[illegible]
7- 9-27	FAMILY	FRQ	4			2	11		1	1	2		1			
	RLE.CARETAK.DIF.ADULT	%	2.8			2.4	10.8		2.3	1.1	.8		.4			
	HOUSEKEEPING SERVICES	RNK	4.0			6.5	2.0		18.5	42.5	27.5		91.5			
		CM%	23.4	18.8	36.2	46.4	28.4	27.1	31.8	17.6	32.8	16.4	[illegible]	[illegible]		

system is shown in Figure 31. The category, problem, and service are listed in the column at the left. To the right are three columns headed "Some Gap," "Full Gap," and "Total." A full gap is one in which no facility is listed in the resource file for the service requested and the I & R specialist either has to tell the caller that no facility can be recommended, or the specialist gives the caller the name of a facility, but has little confidence that help will be provided. "Some Gap" refers to cases in which the caller is directed toward a facility which has not indicated that it provides the needed service, but which, nevertheless, the I & R specialist has some confidence may be able to help. The most frequently occurring gap in service reported by the total WIS network during the demonstration period was for "apartment listings" for the problem "rental housing." In 42 of the 47 times this gap occurred, the centers were unable to refer the caller to any facility in the resource file (see first line: *******). The facility number and name of those agencies which are recommended and which are in the resource file are also listed. "Homemaker services" for "caretaking difficulties with adults" was identified as the next most frequent service for which no resource could be located. Fifteen of the 36 times this gap occurred, no facility could be found in the resource file to recommend to the caller.

The third most frequently listed service gap (not shown in Figure 31) reported was for "housing listings" for

Figure 31: Gaps in Services Observed During the WIS Demonstration

		SOME GAP	FULL GAP	TOTAL
P/S CODE 12-13-09	HOUSING HOUSING, RENTAL LISTING,APARTMENT			
******		20	22	42
02-0001	ROCK COUNTY DEPARTMENT OF SOCIAL SERVICES	1	0	1
02-0050	REDEVELOPMENT AUTHORITY OF THE CITY OF BELOIT	0	1	1
02-0168	BELOIT TEEN CENTER INC	0	1	1
02-0245	ROCK COUNTY COMMUNITY ACTION PROGRAM	1	0	1
09-0144	SOUTHFIELD TOWNHOUSES	1	0	1
TOT PS		23	24	47
P/S CODE 07-09-26	FAMILY ALE.CARETAK.DIF.ADULT HOMEMAKER SERVICES			
******		6	9	15
01-0002	FISH - WESTMINISTER PRESBYTERIAN CH	2	0	2
01-0010	VOLUNTARY ACTION CENTER	0	1	1
01-0039	SERVICES TO MAINTAIN INDEPENDENT LIVING FOR THE ELDERLY	1	1	2
01-0044	VISITING NURSE SERVICE	2	0	2
01-0057	DANE COUNTY SOCIAL SERVICES	1	0	1
01-0122	DANE COUNTY HEALTH DEPT	2	0	2
01-0169	FAMILY SERVICE (EAST OFFICE)	1	0	1
01-0331	DEPT OF HEALTH & SOCIAL SERVICES DIV OF VOCATIONAL REHABILITATION	1	0	1
01-0366	WISCONSIN STATE EMPLOYMENT SERVICE	1	0	1
01-0398	MADISON DEPT OF PUBLIC HEALTH	1	0	1
08-0020	FAMILY SERVICE ASS OF BROWN CTY INC	1	0	1
08-0062	WISC DEPT OF INDUSTRY LABOR AND HUMAN RELATIONS EMPLOYMENT OFFICE	1	0	1
08-0138	BR CO DEPT SC SERV ADULT SOC SERV	1	0	1
10-0062	FOND DU LAC COUNTY DEPARTMENT OF SOCIAL SERVICES	1	0	1
10-0172	HOMEMAKERS INC	1	0	1
11-0230	ST. COLETTA SCHOOL FOR EXCEPTIONAL CHILDREN	1	0	1
11-0286	BETHESDA LUTHERAN HOME	1	0	1
TOT PS		25	11	36

NOTE - ****** INDICATES NO FACILITY NUMBER CODED "rental housing." By referring to Figure 26 one can see that there were 216 facilities in the resource file for the entire WIS network which dealt with the problem "rental housing" (row 12-13-00). There were 66 facilities which provided the service "apartment listings" (column 09) and 53 which provided "housing listings" (column 10). However, only a few of these facilities (17 and 28, respectively) provided these services for the problem "rental housing." It is likely that these few facilities are all located in larger urban areas, so that a maldistribution problem may exist with regard to the availability of such services throughout the state. Further analyses would be required to ascertain whether maldistribution was in fact the case. A more complete discussion of the application of such analyses for human services planning is contained in Volume 3 of this final report.

It should be noted that I & R data are biased, and that their use for human services planning should be undertaken with caution until the nature of the biases has been identified and corrected. For example, little is known about the characteristics of those contacting I & R centers initially as compared with those who seek information first from other major facilities in the delivery system. Additionally, the I & R center can report only from its own perspective. Based on the inquiries received by other agencies in the delivery system, a quite different picture might emerge with regard to demands for services by different population subgroups and with regard to gaps in the service delivery system. However, these biases are tractable to research and further analysis. If it proves possible to adjust for biases in I & R data, it may be that such data will prove to be a relatively inexpensive and very valuable source for needs assessment for human services planning.

Monitoring and Evaluation

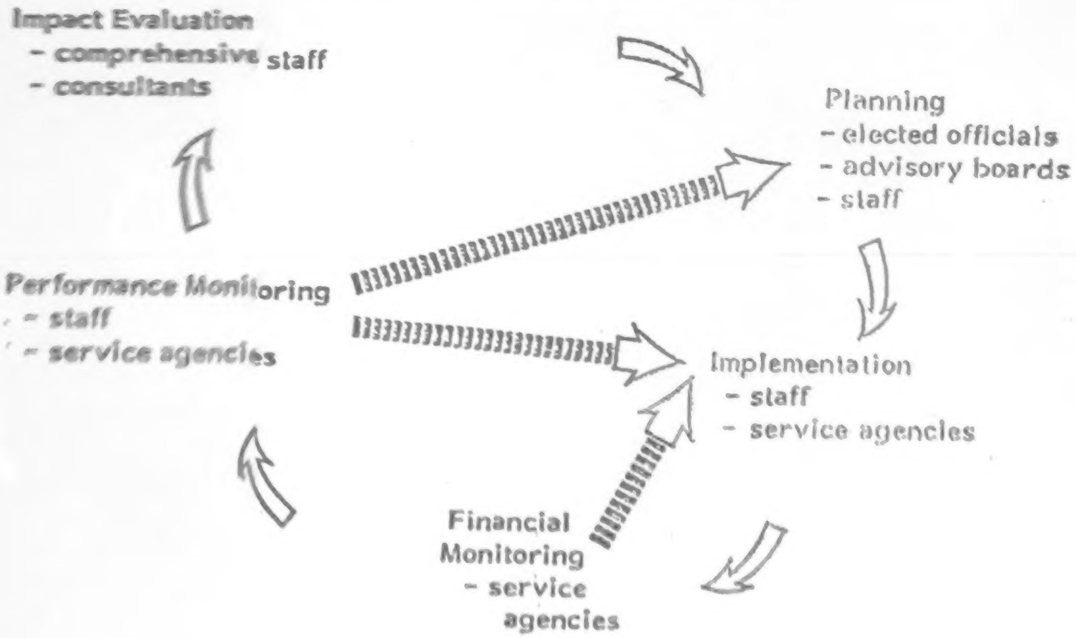
The kind of analyses just illustrated in the foregoing discussion show the contribution an I & R system can make to a third task of the planning process: The comparison of needs with resources. A fourth task to which an I & R system might contribute is that of monitoring and evaluating service programs. Although the overall task of evaluating and monitoring is complex and involves a number of different participants (Figure 32), an I & R system may have information available about the outcomes of its own referrals which could be useful for planners.

For example, the I & R system may choose to inquire of those who use its services whether or not they contacted the recommended facility, and if they did, whether or not they were helped at that facility. The I & R system might also inquire whether or not the caller was sent on to some other facility by the agency which the I & R center recommended. The primary reason for an I & R system's gathering such information is to evaluate the quality of the referrals that the system's staff have made and to monitor the accuracy of the resource file. However, information about

Figure 32:

Evaluation and Monitoring in the Planning Process*

(Points of involvement by elected officials, advisory boards, staff and service agencies)


Impact Evaluation
- comprehensive staff
- consultants
Planning
- elected officials
- advisory boards
- staff
Performance Monitoring
- staff
- service agencies
Implementation
- staff
- service agencies
Financial Monitoring
- service agencies

*From Puget Sound Government Conference, 1974, p. 23.

the kinds of problems for which individuals do not receive help at specific facilities, or for which they are referred elsewhere, may also be of some interest to planners, advisory boards, and elected officials (administrative, constituency, and donor systems). Examples of such reports developed for the WIS system are shown in Figures 33 and 34.

This overview of the potential contribution of I & R systems to the planning process is included to show what might have been possible with the WIS I & R system in the planning area had it continued to operate as a coordinated network. As was stated at the beginning of this chapter, the objectives concerning the contribution of the WIS program to the planning process were viewed as long-range, and not within the scope of the two-years of the demonstration.

Figure 33: Number of Callers Who Did and Did not Receive Help at Selected Facilities in the WIS Resource File

Facility							
Number	**Name**		**All Blank**	**Yes, All Problems**	**Yes, Some Problems**	**No, Not for Any Problems**	**Total**
(Facility names and numbers have been omitted.)		Number		12	2		14
		Percent		85.7	14.3		100.0
		Number		10	3		13
		Percent		76.9	23.1		100.0
		Number	7	170	26	1	204
		Percent	3.4	83.3	12.7	.5	100.0
		Number		2			2
		Percent		100.0			100.0
		Number		2		1	3
		Percent		66.7		33.3	100.0
	TOTAL	Number	7	196	31	2	236
		Percent	3.0	83.1	13.1	.8	100.0

Figure 34: Number of Callers Sent Elsewhere by Selected Facilities in the WIS Resource File

Facility						
Number	**Name**		**All Blank**	**Not Sent Elsewhere**	**Sent Elsewhere**	**Total**
(Facility names and numbers have been omitted.)		Number	2	9	3	14
		Percent	14.3	64.3	21.4	100.0
		Number		10	3	13
		Percent		76.9	23.1	100.0
		Number	12	174	18	204
		Percent	5.9	85.3	8.8	100.0
		Number		2		2
		Percent		100.0		100.0
		Number		3		3
		Percent		100.0		100.0
	TOTAL	Number	14	198	24	236
		Percent	5.9	83.9	10.2	100.0

SECTION II: Discussion of Specific WIS Planning Objectives

OBJECTIVE II-B: *"Identify and develop the potential of the I & R network for contributing to the planning of human services."*

Assumption: An I & R network has the potential for contributing to the planning of human services.

Effort A major portion of the InterStudy staff members' time was spent in this activity during the final two years of the project. Detailed information about manhours and costs are not available.

Performance

The preceding pages of this chapter meet the requirements of this evaluation category: "To make available a report or statement about the potential contribution of the I & R network to human services planning."

Adequacy of Performance, Efficiency, & Process

Data are not available for these categories of evaluation.

OBJECTIVE IV-B: *"Provide reports about services and service needs that will enable service planners to make more rational recommendations about policy and changes in programs."*

Assumptions: It is possible to identify the specific kinds of data that are relevant to human services planners.

The recommendations of planners have a significant impact on decision-makers involved in developing service programs.

OBJECTIVE V-C: *"Provide reports about services and needs that will enable local agencies and service planners to make more useful recommendations about day-to-day agency operations."*

Assumptions: Planners need feedback about day-to-day operations to make more useful recommendations.

Feedback information is more complete when data are generated both internally and externally to the agency.

The I & R center, as one external data source, has the potential to provide information useful to human service agencies regarding the impact of their day-to-day operations on the people the I & R center serves.

OBJECTIVE III-D-2: *"Analyze and interpret data collected from centers to provide pertinent information to planners at the state level."*

Assumption: Data obtained from the network operations are potentially useful to planners of human services at the state level.

The above three planning objectives are grouped together for discussion purposes because insufficient differentiation occurred among these three tasks during the course of the demonstration to permit precise evaluation of each separate objective.

Effort

The majority of the assumptions supporting these objectives remain unproven. As can be seen from Table 5, approximately 10.25% of the staff time at the state office was spent in work related to these three objectives. Only 1.25% of all paid staff time at the center level was given over to these objectives. This small amount of time at the level of the individual centers is consistent with the overall program emphasis and direction given during the demonstration phase.

Performance

Although a *Preliminary Statistical Report* about the WIS network operations became available in August, 1973, from the state office, this report was for internal use within the WIS network, and was not intended as a planning tool. These reports appeared monthly through May, 1975, when the state office was dissolved. No formal reporting for the purpose of providing data or information to planners was undertaken during the demonstration. However, over 170 requests were received by the centers during the course of the demonstration for information other than that used for connections with the delivery system (Table 111). An account of these requests was kept through the use of the Planners Request Form (see Appendix F).

A brief analysis of the source and nature of planning requests is presented in Table 112. Over three-quarters of all requests came from public and private agencies. Over 80% of all requests were for lists of facility names and addressess. Uses to which this information was to be put included preparation of mailing or telephone calling lists (21.5%), planning (15.8%) and the compilation of directories, developing new services, and creating or updating agency files (7.6% each).

It would appear that the WIS centers were used more for convenience and the saving of effort on the part of others, than for the kinds of planning tasks which were outlined in Section I of this chapter. However, this is not too surprising, because the analytic tools which were developed for the WIS system did not become available until the very end of the demonstration. Thus, most planners did not have the opportunity to evaluate the kinds of services which the WIS system could have provided to them, and to determine whether or not they would have been useful to their work.

Adequacy of Performance, Efficiency, and Process

No further evaluative data are available for these categories.

PART VI: Output Objectives

CHAPTER 13: Information and Referral Services as a Method for Connecting People with the Delivery System

SECTION I: Basic I & R Service

Two primary services were basic to all I & R centers operating within the WIS network: information-giving and referral. Information-giving was defined as the provision of information about services and programs. It included some effort to obtain background materials about the inquirer in order to determine eligibility for the services of a specific provider. However, such activity on the part of the I & R center was viewed as only a crude screening procedure; actual eligibility determination was left to the service provider. Referral was defined as the making of an appointment by the I & R center on behalf of the caller with the appropriate service provider.

The objectives of providing information and referral services are considered in this section from the perspective of the research design discussed at the beginning of Chapter 5. (A modification of two quasi-experimental designs was developed in order to evaluate the contribution of additional I & R service components in facilitating access of older persons to the delivery system. The nonequivalent control group with equivalent time-samples design was formulated in order to overcome the inability of the field situation of the WIS demonstration to meet the assumptions of the two quasi-experimental designs on which it was based.) Unfortunately, this design did not work out with reference to the time-sampling aspects because of unforeseen delays in the initiation of the service-delivery phase of the program by some of the experimental centers. Furthermore, paucity of data from callers receiving additional services required that data be pooled for the entire 12-month experimental period (see Section II of this chapter). Data presented in this section are grouped to facilitate comparison of the four centers which offered escort, transportation, and follow-through services with those which did not. Five of the remaining centers offered no additional services at all (see Table 1) and three offered outreach as a method of publicizing the centers' program (see Chapter 7). Data are reported only for the time period October 1, 1973, through September 30, 1974, the period during which program variation services were provided.

OBJECTIVE VI-D-1: *"Provide accurate, up-to-date information about community health and social services."*

Assumption: An I & R center is capable of identifying a caller's problem and matching it with an appropriate community resource.

OBJECTIVE VI-D-2: *"Provide referrals to facilities for those callers who need them."*

Assumptions:
1. Community facilities will accept referrals.
2. A formal referral will increase the probability that a caller will use appropriate services.

In general the assumption underlying the information-giving objective seems to be well validated. In the five control centers (no program variations) about 94% of all calls resulted in the WIS centers' matching the callers' requests with appropriate information or a referral (Table 113). The centers offering escort, transportation, and follow-through (ETF) made such matches in about 97% of all their calls. Those centers offering outreach succeeded in matching caller with service in about 96% of the cases.

The assumption that community facilities will accept referrals was not fully validated during this demonstration. Although a number of facilities did accept referrals (see Table 133) during the course of the demonstration, specific information is not available from the resource file concerning each facility's policy on accepting referral appointments. Discussions with some center managers suggested that in at least a few cases it was not possible to make a referral appointment because intake procedures at the facility were based on a first-come, first-served approach. Of the 210 persons to whom WIS specialists offered to make referral appointments, over 64% declined to accept them (Table 113).

Based on data reported by facilities accepting referral appointments from WIS centers, about 11% of all callers did not keep their appointments (Table 114). It appears that the assumption that a referral does increase the probability of a caller using the appropriate service is validated. Approximately 24% of those not receiving a referral appointment reported that they did not contact the recommended facility (Table 115).

Effort Around 35% of all staff time in the control centers was spent in the provision of basic information and referral services (Table 116), although there was considerable variability among the five centers in this group (from less than 17% to almost 49% of all time going to this effort). The outreach centers show only about 12% of staff time going to basic I & R services, but this is an artifact due to the heavy investment of staff effort in the outreach program (see Table 71), compared with all other center activities. The ETF centers were very close to the control centers in the amount of effort spent in basic I & R activities, with similar variability among the individual centers (ranging from 17.6% for one center to over 61% for another).

Little difference existed among the three groups of centers with regard to the amount of time required in order to provide basic I & R service. About 61% of all calls were handled within 10 minutes or less (Table 117). Almost 90% of all calls required less than 30 minutes. Less than 4% of all calls required the I & R center to spend more than one hour in order to provide service. Based on a very small sample of callers who accepted referral appointments, it appears that some additional time was required when this service was provided. For example, of 55 persons who accepted referral appointments from Centers 1-12, only 16 (29%) were helped in 10 minutes or less. About 73% (40 persons) were helped in 30 minutes or less. However, only four required more than an hour to help.

Over 87% of all callers were helped within one day of their contacting a WIS center (Table 118). The outreach centers helped over 90% of their callers within one day. Just over 1% of all callers were not helped within one week of contacting a WIS center. Only slight differences existed between those receiving referrals and those receiving information only with regard to the number of days required by WIS to provide help.

Almost 60% of all callers were helped within the initial contact with a WIS center (Table 119). Only 12% of those receiving information only required more than two additional contacts in order for the center to provide service. These additional contacts included such actions as calling another facility for information; contacting a consultant for advice; and calling the inquirer back with additional information (see also Tables 29 and 90). Almost 90% of those receiving referral appointments required at least one additional contact. Thirty percent required more than two additional contacts.

Performance

Based on data in Table 113, a substantial increase in use of the WIS network was observed between the last six months of the demonstration and the six-month period immediately preceding it. Overall, the total number of calls received by the network from private individuals calling for themselves increased 39.8%, with the control centers showing an increase of 31.5%, the ETF centers recording an increase of 37.1%, and the outreach centers registering a 72.4% increase. Based on total population figures, the number of initial contacts from private individuals calling for themselves per 10,000 population was 94 for all 12 centers for the last 12 months of the demonstration. Control centers served 83 per 10,000 population; ETF centers served 101 per 10,000 and outreach centers served 113 people per 10,000 population during the time period October 1, 1973, through September 30, 1974.*

These data do not include other classes of callers such as facilities or private individuals calling for others. Callers contacted through outreach and those receiving escort, transportation, or follow-through are also not included.

Adequacy of Performance

Three criteria were established to measure adequacy of performance on these objectives: (1) Did the caller contact the provider recommended by WIS? (2) In the caller's opinion, was the information or referral appropriate for the stated problem? (3) Did the caller receive help for the stated problem? As has already been noted, about 71% of all callers reported that they subsequently contacted the facility recommended by WIS (Table 115). Of those who reported that they had not yet contacted a facility, almost 32% (Table 120) indicated that none was recommended [keep in mind that the sample of those completing User Surveys includes persons who requested only the address or telephone number of a facility (Table 25)]. The next most frequently selected reason for not contacting a facility was "I haven't gotten around to it yet." Although the remaining reasons listed in Table 120 may serve as indicators of barriers that prevented persons from obtaining service, none seems substantially large to warrent further attention in terms of programmatic changes to provide a remedy for overcoming the barriers.

Almost 90% of all those who contacted a facility recommended by WIS indicated that they felt they had been sent to the right place (Table 121). Less than 3% indicated that they were not sent to the right person or facility. All three groups of centers were very close together on this criterion.

Sixty-five percent of all callers indicated that they received help for all of their problems at a facility recommended by WIS (Table 122). Less than 6% indicated that they received help for none of their problems. Of those contacting a service provider recommended by WIS, about 17% indicated that they were sent elsewhere for help with their problem (Table 123). Ninteen percent of those contacting control centers reported being sent elsewhere, compared with 13% of those contacting outreach centers, and 16% of those contacting ETF centers.

With regard to those receiving referrals, the most notable finding is the very small number of WIS callers for whom referral appointments were made. During the first six months of direct service to the public, only 20 referral appointments were made by Centers 1-12. Toward the end of this period, when data became available on the number of referrals being made, an effort was made by the state office to encourage a more active program of offering referrals. Also, centers were asked to record the number of referrals declined, as well as the number accepted. During the last 12 months of the demonstration, the five control centers reported offering referrals a total of 58 times. In only nine instances did the caller accept the offer of WIS to make a referral appointment. In the outreach centers, referral appointments were offered to a total of 112 callers, but only 34 (30%) accepted. Data with regard to referrals are confounded with other program variation services in the four centers offering escort, transportation, and follow-through.

Center staff were instructed to provide follow-through to all centers receiving referral appointments. In addition those accepting referral appointments were usually offered escort and transportation services. Thus, the number of referrals accepted and declined are underrepresented in Table 113 for the four ETF centers because these calls were tabulated as follow-through, escort, or transportation calls (see Section II of this Chapter).

During 10 months of operation (December, 1973, through September, 1974) Center 13 (Milwaukee) offered a substantially greater number of referrals (276), and in only eight cases was the referral appointment declined by the caller. This figure represents 3.4% of all calls received by the Milwaukee Center during this time period, compared with 1.2% of all private individuals calling Centers 1-12 who were offered referral services during the last 12 months of the demonstration. Even though the number of referrals offered by the Milwaukee Center is almost three times the number offered by the rest of the WIS network, the overall number is still very low. The need (or opportunity) for a WIS I & R center to make a referral appointment was very small during the course of the demonstration period.

In an effort to obtain data concerning outcomes of WIS services from the perspective of facilities in the delivery system, a Referral Result Form (see Appendix F) was developed to send to the provider of service whenever a referral appointment was made. Because so few Referral Result Forms were returned, data from Center 13 were included in the discussion of the outcomes of those WIS callers who accepted referral appointments. As was noted at the beginning of this chapter, an inquirer's acceptance of a referral appointment with a facility does seem to increase the probability that the caller will contact the recommended facility. Nevertheless, facilities reported that about 11% of the referral appointments made by WIS centers were failed (Table 114). In over half of these cases, the facility made no further effort to recontact the person who failed the appointment.

Facilities reported that about 91% of the referrals were appropriate for those callers who kept their appointments, which is very close to the self-report of those callers who contacted a facility (see Table 121). Facilities reported helping about 69% of those with referral appointments with all of their problems, and less than 10% with none of their problems, proportions which again are very similar to those reported by callers themselves (Table 122). In about 10% of the cases, facilities reported that they sent the WIS caller on to another facility for help with the initial problem. In about 1% of the cases the caller was sent elsewhere for some other problem which was identified by the facility. In only five instances was a client sent elsewhere for all problems for which the WIS referral appointment had been made. Of particular interest is the finding that facilities reported helping almost 75% of all those with referral appointments for some problem other than that for which the referral was initially made (Table 114). Unfortunately, corresponding information from callers with regard to whether help was received for problems other than those discussed with WIS is not available.

Efficiency

Data concerning the time per caller have been presented in Table 117 and discussed under the "Effort" section. The median time required per call was 10 minutes for those receiving information only and 20 minutes for those receiving referrals. Because information and referral were lumped together on the I & R Worker Report (see Appendix F), it is not possible to calculate unit cost for information only and referral calls separately. The overall unit cost for the basic I & R service for the last 12 months of the demonstration was $4.41 (Table 116). The unit cost for the ETF centers was slightly higher ($5.56) than for the control ($4.83) or outreach ($5.34) centers.

The unit cost for delivering I & R service is tied directly to the amount of staff time spent in this activity and the volume of calls received (see Chapter 7, P. 166 ff, for a discussion of the cost accounting procedures used to arrive at the unit cost figures presented here). For example, taking the entire network of 12 centers, the total amount of staff time spent in direct service (including outreach and other program variations) increased from 34% in the third period (October, 1973 to March, 1974) to 47% in the last six months of the demonstration (see Table 5).

The total number of calls (including those from facilities and those from persons receiving program variation services) increased 37%, from 10,158 to 13,949 during the last six months. Assuming that salaries and fringe benefits were constant and equal for the two time periods, using the data in Tables 71, 72, 116, and 138, a unit cost of $8.74 was calculated for all those receiving I & R services (including outreach, follow-through, and escort and transportation) between October and March, and a unit cost of $7.00 was found for the last six months, a drop of almost 20% during the final six months of the demonstration. Because the number of calls seems to be increasing at a much higher rate than the amount of time being spent in direct service, one would expect the unit cost of delivering I & R services to continue dropping within the WIS network. A minimal investment of resources in additional publicity efforts, and termination of the costly outreach program, should have a dramatic effect on reducing the cost per unit of I & R service during the post-demonstration period. As was noted in Chapter 7, comparative information from other I & R programs based on the method of cost accounting used in this report is not available. Thus, the efficiency of the WIS network cannot be discussed on a comparative basis with that of other I & R programs.

Process Additional information concerning those who received information and/or referral services only will be helpful in understanding the findings about program variations to be presented in the next section of this chapter. With regard to age, the outreach and ETF centers seemed to serve a somewhat older population than the control centers. In particular, the control centers served more persons in the 20-24 age bracket than the other two groups (Table 124). However, one of the control centers was in a community with a very large college student population, and it is likely that the use of the I & R service by this particular segment of the population had some impact on the data gathered. When compared with census data for the populations served by the three groups of centers, all tended to serve substantially fewer persons aged 24 and under than would be expected on the basis of population distribution only (Table 125). All three groups of centers served substantially more persons in the 25-34 age bracket than would be expected on the basis of population alone. The ETF centers provided basic I & R services to a slightly greater proportion of persons over the age of 60 than the other two groups, even taking population proportions into consideration.

With regard to the sex of those receiving basic information and referral services, all centers served substantially more women than men, and the ETF centers served an even higher proportion of women than the other two groups of centers (Table 126). With regard to family income, the ETF centers provided basic I & R services to proportionately fewer persons with annual incomes over $12,000 than the other two groups of centers, when the total number of such persons in the general population is taken into account (Table 127). All centers tended to serve proportionately more persons with some college education than would be expected on the basis of such persons in the general population (Table 128). However, compared with the control and outreach centers, the ETF centers served a somewhat smaller proportion of college-educated persons than the other two groups of centers. Only minor differences existed among the three groups of centers with regard to the race of those provided basic I & R services (Table 129).

All three groups of centers were quite similar with regard to the kinds of problems presented to them by callers receiving basic I & R services (Table 130). Although minor variations occurred among the three groups, a Kendall coefficient of concordance (W) computed for the three sets of ranks in Table 130 was .92, indicating a very high degree of agreement among them. Spearman rank correlation coefficients computed between the ETF centers and the control centers and the outreach centers were both .99.

Those with medical or financial problems tended to receive referral appointments most frequently (Table 131), with those with problems falling in the "government" and "transportation" areas following close behind. These same problem categories were among the highest for those who declined referral appointments, along with legal and family problems (Table 132).

During the full 18 months of the demonstration, referral appointments were made at over 625 different facilities by the 13 centers in the WIS network (Table 133). A variety of different agencies, such as one of the WIS I & R centers, a county welfare department, Community Action Programs, and Social Security Administration offices received many of these referrals (Table 134).

SUMMARY Few differences were observed for those who received basic I & R services among the three groupings of centers: control, ETF, and outreach during the 12-month period in which program variation services were provided by some of these centers. Although those callers who accepted referral appointments were in the minority (less than .4% for Centers 1-12), those who accepted referral appointments did tend more often to go on to contact a facility recommended by WIS. Approximately 71% of those receiving information only contacted a recommended facility, compared with 82% of those receiving referral appointments. Callers who accepted referral appointments required about 10 minutes more of the center staffs' time than those who were given information only. About 61% of all calls were handled within 10 minutes, with 60% being completed during the initial contact. Over 87% of all callers were helped within one day of their contacting a WIS center.

The number of calls received by all 12 centers increased by almost 40% during the last six months of the demonstration as compared to the preceding six months. The overall cost for providing basic I & R services during the last 12 months of the demonstration was $4.41 per call. The unit cost for all direct service, including outreach and escort, transportation, and follow-through dropped almost 20% during the last six months of the demonstration as compared with the preceding six months.

Almost 90% of those who contacted a facility recommended by WIS indicated that they felt they had been sent to the right place. Less than 3% indicated that they had not been sent to the right place. Around 17% of those who contacted a recommended facility were sent elsewhere for help with their problems.

Only minor differences existed among the three groups of centers with regard to the kinds of services which were requested by callers. The ETF centers tended to provide basic I & R services to a somewhat greater proportion of persons over the age of 60 than the other two groups of centers, when total population characteristics were taken into consideration. The ETF centers also served a somewhat higher proportion of women than the other centers. The ETF centers served proportionately fewer persons with incomes over $12,000 than the other centers, and proportionately fewer persons with college experience as well. No differences existed among the centers with regard to the race of those served.

SECTION II: Escort, Follow-Through, and Transportation Services

Escort, follow-through, and transportation services were introduced as additional program components for a 12-month period beginning October 1, 1973, at the centers located in Beloit, Waukesha, Manitowoc, and Fond du Lac. As was established in the preceding section of this chapter, few substantial differences appeared to exist between these four centers and the other eight which did not provide these additional services with regard to characteristics of those receiving basic I & R services. Therefore, in this section, only the four centers which did provide these services will be considered. The provision of these additional services are taken into account by two program objectives.

OBJECTIVE VI-D-3: *"Provide follow-through services to those callers who received referrals and to other callers who, in the opinion of the I & R specialist, have need of this service."*

Assumption: Follow-through increases the probability that a caller will use appropriate services.

OBJECTIVE VI-D-4: *"Provide escort services to those who wish to receive escort; these services consist of:*

a. Transportation to facilities, and

b. A companion to help negotiate initial contact with facilities.

Assumptions:

1. Escort services will increase the probability that a caller will use appropriate services.
2. Lack of adequate transportation is a major barrier preventing the elderly from obtaining needed services.
3. It is reasonable to include transportation services as a component of an I & R center's program.
4. Fearful expectations, uncertainty, and the lack of interpersonal skills are major barriers that prevent elderly persons from obtaining needed human services.
5. A companion who can serve as an advocate for such an elderly person can diminish or eliminate these barriers. It is reasonable that the general I & R program include a service that supplies a companion or advocate to those who need such help.

The determination as to whether or not to follow-through was left to the judgement of the I & R specialist. The following guidelines were offered during the training program:

> *Follow-through with every caller for whom a referral appointment is made. Follow-through---*
>
> *if the caller has important problems or pressing needs;*
>
> *if the caller has complex or multiple problems;*
>
> *if the caller seems unsure or unclear about the information you have given;*
>
> *if the caller seems timid in dealing with the I & R center; and*
>
> *if you have some good reason to think you can offer further help.*
>
> *Do not follow-through---*
>
> *if the caller is given only a telephone number or address;*
>
> *if the caller is given simple information that seems completely adequate;*
>
> *if the caller is a transient who is unlikely to be available for follow-through;*
>
> *if the call is initiated by a facility;*
>
> *if there is a chance that you might embarrass or cause trouble for the caller;*
>
> *if the caller's problem is of a sensitive nature; and*

if the caller prefers WIS not to call back. [Generally an effort was made to obtain the caller's permission for a follow-through recontact during the initial provision of I & R service.]

In those cases where a follow-through recontact was attempted, the following telephone procedure was recommended:

> *"Hello, I am* [your name] *from the* [WIS center name]. *You called us a while ago for some information. We are trying to improve our service and are calling people to see if the information we gave at that time was helpful.*
>
> *Did you (or the person with the problem) get in touch with anyone recommended by our center?*
>
> *Is there anything more that WIS could do to help at this time?"*

In general, those callers designated for follow-through were recontacted in about six-days after the initial contact with WIS, unless there was some obvious reason to make the recontact earlier (e.g., a serious emergency), or later (e.g., a referral appointment scheduled three weeks away). I & R specialists were encouraged to make several attempts to recontact the caller, once the follow-through process began.

The assumption that follow-through will increase the probability that callers will use appropriate services is difficult to determine. Of those callers who actually were recontacted in the follow-through effort, over 84% indicated that they had already contacted a facility recommended by WIS. This proportion is substantially more than that reported by those not receiving follow-through services (see Table 137). Of those 93 who had not yet contacted a facility at the time of the follow-through recontact, 33 returned I & R User Surveys. Of those 33, an additional 21 indicated that they did go on to contact a facility recommended by WIS (Table 136). Approximately the same ratio of those who received further help from WIS and those who did not receive additional help from WIS went on to contact a facility. However, the number of cases is so small that these data are highly unreliable.

It is interesting to note in Table 135 that the majority of those who were recontacted in follow-through did not respond to the WIS offer for additional help (only 19% of those who had not yet contacted a facility). Some 13% of those who had already contacted a facility at the time of follow-through, did request additional help.

With regard to the higher proportion of those receiving follow-through services who indicated that they had contacted a facility recommended by WIS, it should be kept in mind that these individuals had contacted the recommended facility before the follow-through services were given. It could be that the I & R specialists tended to select callers for follow-through who were more likely to go on to a recommended facility (remember the guidelines which recommended following through on callers with more complex and pressing problems). Furthermore, to the extent that the caller had agreed to follow-through, the knowledge that someone might be calling to see how things were going might have served as an inducement to take action.

Thus, it is difficult to establish a causal link between follow-through and increased access to services based on the data gathered in this research effort. Although some evidence seems to support the validity of the assumption underlying the follow-through objective, it does not seem sufficient to state that the assumption has been proven.

With regard to escort services, the following guidelines were recommended:

> *First priority should be given to first-time users of WIS and/or first-time referrals to service facilities that are already in a center's resource file or that could reasonably be added to the file. Second priority should be given to special, consecutive transportation needs (within limits) of WIS users, such as visits to a doctor or clinic, provided the meeting of these requests does not interfere with the satisfying of first priority cases. Third priority is to be given to requests originating from service facilities for their own clients, either through direct service from a WIS center or through referral to other existing transportation resources. Transportation to facilities which could not be reasonably included in*

> *a resource file (e.g., taverns, theaters, and so on), and transportation for on-going activities such as employment or education are to be denied. Escort services are to be offered to all callers receiving a referral appointment.*

Once the determination was made to offer escort services to a caller, the following telephone procedure was recommended for use by the WIS specialists:

> *"We would like to tell you about a new service which the Wisconsin Information Service is offering for those who do not have access to transportation to get to an agency, especially for the first visit. We have available, free of charge, an escort service. We also will provide a companion to accompany you to the agency and provide any help which you may need while there."*
>
> *"Are you interested in receiving escort service?"* [If no], *"If you decide later that you need escort, please let us know."*

There was considerable variation among the four centers with regard to the implementation of the escort component. The Manitowoc center used its funds to lease a van, and coordinated with the Red Cross to provide a scheduled transportation and escort service throughout the county. To a certain extent, the WIS escort program was a reinitiation of an earlier more general transportation program which had been available only to residents of the town of Manitowoc. In two of the other centers, an additional staff person was added to serve as a coordinator of the volunteers who were to provide the escort service. In a fourth center, an effort was made to integrate the escort service with a volunteer transportation program which already existed within the sponsoring agency.

A number of assumptions were stated with regard to the escort objective. The first assumption that escort will increase the probability that a caller will use appropriate services remains unvalidated because of the inadequacy of the data to respond to this point. Only 42 I & R User Surveys were returned from approximately 222 persons who received escort and/or transportation services. This small number of respondents makes any generalization about the validity of this assumption very tenuous. However, based on data in Table 137, only 13 of these 42 persons returning surveys who accepted escort and/or transportation services reported that they did contact a facility recommended by WIS. No further data are available to explain what happened to the 29 individuals for whom escort/transportation was scheduled, but who did not contact a facility recommended by WIS.*

**One possible explanation is that the caller requested only transportation, and no facility was recommended by WIS. Another possibility is that the caller did not connect with the escort for some reason.*

The second assumption, that lack of transportation is a major barrier preventing the elderly from obtaining needed services, has some support from the literature (see, for example, Flemming, 1971; Institute for Interdisciplinary Studies, 1971; Revis, 1971; and Riley & Foner, 1968). In a study of the use of mass transit by the elderly in four cities, Mark Battle Associates (1973), found that about 17% of those over the age of 55 were prevented from using mass transit because of physical handicaps. It was also reported in this study that buses were used by the elderly more for shopping and visits to health care providers than for any other purpose. As a part of their general study on *Wisconsin Resources for the Elderly,* Johnson and Sennett (1973) reported about the availability of transportation services to the elderly of Wisconsin (Chapter 3). In general, they found very skimpy information concerning the provision of transportation services to the elderly. However, they did note that transportation was a serious problem for a significant number of the state's elderly.

In contrast to these findings reported in the literature, however, is the finding of this study that transportation problems accounted for less than 5% of the reasons indicated by those who did not contact a facility recommended by WIS (Table 120). Although these data are based on all users, regardless of age, it should be kept in mind that only 55 people out of a total of 4,395 who returned an I & R User Survey (over 730 of these were age 60 or over) indicated that a transportation-related problem prevented them from seeking service. Thus, the assumption that lack of transportation is a major barrier preventing the elderly from obtaining services does not seem to be well supported by the findings of this study.

Concerning the reasonability of including transportation as a component of an I & R service program, there is no research evidence to support the validity of this assumption. Some arguments which draw into question the validity of such an assumption were advanced in Chapter 3 of this report.

The last two assumptions concerning the lack of interpersonal skills as a barrier that prevents the elderly from obtaining services, and the efficiency of escorts to overcome this barrier also remain unsubstantiated. It is interesting to note that during the year of making this service available to over 7,500 persons, there were only 25 instances in which the offer of providing a companion (either in conjunction with transportation or without it) was accepted (see Table 139). Thus, based on acceptance of escorts to help callers negotiate the delivery system, it would seem that for the population served by WIS the validity of both of these assumptions is very uncertain.

Effort Proportion of staff time and costs for the provision of follow-through and escort services are given in Table 138. For all four centers providing these program variations, 37.8% of all staff time went to direct service during the last 12 months of the demonstration (with a range of 19.0% to 69.5% among the four centers). Three percent of this direct service time was spent in the provision of escort and transportation services by the paid staff (with a range of .2% in one center to 7.1% in another), and 1.9% of all direct service time was spent in follow-through (with a range of 1% to 3.7%). Approximately 24% of the total program budget for these four centers was allocated to the provision of these additional services.

Performance Perhaps the most surprising finding with regard to these additional services is the limited use that was made of them by those contacting the I & R centers. Follow-through services were offered to a total of 809 private individuals calling for themselves or someone else (Table 135). This represents 6.8% of all private individuals contacting these four centers during a 12-month time period. Center staff were successful in recontacting 88.4% of those designated to receive follow-through services. One hundred (14%) of the 715 persons actually reached accepted further assistance from WIS when it was offered. Thus, the follow-through effort seemed to be applicable to only a very limited number of all of those making use of the WIS program.

The results concerning escort and transportation were even less encouraging. A total of 25 persons accepted either escort in conjunction with transportation, or as a stand-alone service (Table 139). An additional 197 persons accepted transportation services alone. Together these 222 persons represent 2.9% of all private individuals who called for themselves. An additional 31 persons on whose behalf someone else called received escort and/or transportation services, and 162 received transportation services only. In 170 of these additional 193 cases, the caller was a facility contacting the I & R center on behalf of one of the facility's clients. Again, in terms of utilization of the program, it appears that escort and transportation services had only a very limited role to play in the general WIS I & R program.

To be sure, some centers were more active than others with regard to the program variations. For example, almost 15% of all private individuals contacting the Beloit center (02) for themselves received follow-through, compared with less than 4% of those contacting the Manitowoc center (09). On the other hand, over 6% of those contacting the Manitowoc center accepted escort and transportation services, compared with negligible numbers in the other centers. Perhaps one reason for a larger proportion of those served by the Manitowoc center receiving escort and transportation was that the center leased its own vehicle for the escort/

transportation component of the service. That center also solicited the participation of another community facility in the provision of the service. Certainly the Manitowoc center made the most assertive effort with regard to providing escort and transportation. But even so, the proportion of those callers who needed or accepted the service was relatively small. About 16% of all callers offered escort and/or transportation declined these services.

Adequacy of Performance

As was noted earlier, approximately 88% of all those designated for follow-through services were actually recontacted (Table 135). There are too few data to warrent sound conclusions concerning the second criterion for measuring adequacy of performance of this objective (proportion of callers who had not contacted a facility at the time of follow-through who subsequently did contact a facility). First of all, only about 16% of those who were contacted by follow-through had not gotten in touch with a facility recommended by WIS. Of those 93, only 33 returned an I & R User Survey, thus providing a very small sample. Twenty-one of these 33 (about 64%) did report that they subsequently contacted a facility recommended by WIS (Table 136). This figure is very close to that reported by the total sample of callers who completed an I & R User Survey during this time period: 68.2% (Table 137).

With regard to escort and transportation, approximately 16% of those who were offered it, declined it.

This figure is considerably lower than the proportion of those who declined referrals (64%--see Table 113). In 13 cases, the centers were unable to arrange escort or transportation for private individuals who called and requested it for themselves. In an additional 35 cases, centers were unable to meet such requests from facilities or other persons calling on behalf of someone else. Unfortunately, so few data are available from User Surveys, that discussion of the second criterion for this category of evaluation is not possible (i.e., the proportion of each group who went on to contact a recommended facility).

Efficiency

Not surprisingly, some variations occurred with regard to the amount of time required to provide service, depending on which services the caller accepted. About 57% of those receiving information only were helped in 10 minutes or less (Table 140), and almost 90% were helped within 30 minutes or less. Only 3% required more than one hour of the I & R specialists' time in order for service to be provided. Of those receiving follow-through services, only about 20% were helped within 10 minutes. About 70% were helped in 30 minutes or less, but in almost 13% of such cases, an hour or longer was required. Those who had already contacted a facility at the time the follow-through contact was made tended to require slighly more of the center staff members' time than those who had not. Those receiving escort, and/or transportation services were very similar to those receiving information only with regard to the amount of time required to provide service to them. (N.B., *the data reported in Table 140 for those receiving escort and/or transportation do* *not* *include time actually spent in accompanying or transporting the caller to a service facility. Only the time of the primary I & R specialist who provided the needed information and arranged the escort service was reported.)*

The findings are similar with regard to the number of days required for the WIS center to provide service. Approximately 87% of those receiving information only were helped on the same day they contacted the WIS center (Table 141). About 78% of those receiving escort and/or transportation services were helped on the day of the initial contact. Only 2% of those receiving information only required more than five days for service to be provided (only one caller who received escort services required more than five days for I & R service delivery). Those receiving follow-through, on the other hand, obviously required the I & R specialist to wait six days before initiating the follow-through effort. Over 54% of all of those receiving follow-through contacts required six days or more for the I & R transaction to be completed. About 18% of those receiving follow-through were helped within a single day (typically these were those callers with a very pressing need or emergency situation).

Similarly, the number of contacts required to provide service was obviously greater for those receiving follow-through service than those receiving information only. About 61% of those in the latter group were helped in the initial contact, as were 51% of those receiving escort and/or transportation services (Table 142). Almost 30% of those receiving follow-through services required five or more contacts beyond the initial one, as compared with 6% for those receiving information only and 4% of those receiving escort and/or transportation.

Data about the cost of delivering these different services are presented in Table 143. Because the majority of staff time was donated by the agency which sponsored the Beloit center (02), data from it were not included in the computations for Table 143. For the three remaining centers, the cost of the basic I & R service was $4.75 per call. The cost of escort and transportation, including the basic I & R service, was $9.36 per caller. Follow-through services, including basic I & R, cost $2.83 per caller. Examination of Table 143 shows considerable variation among the different centers with regard to these unit costs. These variations, of course, are tied directly to the proportion of paid staff time spent in these various services and the actual number of callers receiving such services.

Process

In general, there was a fairly close similarity between those receiving follow-through services and those receiving information only. Follow-through was somewhat less likely to be given to those with problems falling in the "government" category, and somewhat more likely to be given to those with financial problems (Table 144). A Spearman rank correlation of .83 was found between the problem-service categories of those receiving information only and those receiving follow-through after the four special categories of requests for phone number, address, and so on were deleted from the data. Almost all persons receiving escort and transportation services requested help for a transportation problem. For the majority of those offered WIS escort service (76%), the specific problem was lack of transportation for health care. Only 29% of the problems presented in the transportation category by those receiving information only were for the specific problem of transportation for health care.

With regard to age (Table 145), substantially more persons who received escort and/or transportation services (55.6%) were age 60 or older than those who received information only (18.8%). However, because there were so few I & R User Surveys available for those receiving escort and transportation services (a total of 54), these data should be considered with caution. Slightly more of those receiving follow-through were age 60 or older (23.4%) than those receiving information only.

Although the ratio of women to men was about three to one among those receiving basic I & R services, it was almost six to one for those receiving escort and transportation services (Table 146). About 14% of those receiving information only had annual family incomes less than $4,000, compared with almost 46% of those who received escort and transportation services (Table 147). Those who received escort and transportation services tended to have less education than those who received information only (Table 148). Over 98% of those contacting these four centers reported their race as white (Table 149), but over 99% of the general population served by WIS was white. About 12% of those receiving information only lived alone, compared with over half of those who accepted escort and transportation services (Table 150). Again, the reader is cautioned against over-interpretation of these facts because of the small sample size for the latter group of callers. About 20% of those receiving information only indicated that they were the recipients of some kind of social security benefits, compared, again, with over half of those who accepted escort and transportation services (Table 151). The generally older age of those accepting escort services suggests that many of these persons were retired, thus accounting for the greater number who received social security benefits.

With regard to the callers' evaluation of the service they received from WIS, over 90% indicated that they felt that WIS had sent them to the right person or facility (Table 152). There was no difference in this opinion between those who received follow-through services and those who did not. About 71% of those who contacted a facility had to wait no longer than 15 minutes before being seen by a staff person (Table 153). Ten percent of those receiving follow-through services reported having to wait over an hour before being seen by a staff person at a facility, compared with only 3.8% of those receiving information only. Over 66% of all callers who contacted a facility recommended by WIS reported receiving help for all of their problems at the facility (Table 154). Slightly more than 5% indicated that they did not receive help for any of their problems. Only very slight differences existed between those who received follow-through services and those who did not, with regard to the number of problems for which help was received. About 18% of all callers were sent elsewhere (Table 155). A somwhat higher proportion of those receiving follow-through (24%) reported being sent elsewhere than those receiving information only (15.9%). Finally, over 93% of all those returning I & R User Surveys rated the service that they received from WIS as excellent or good (Table 156). A slightly higher proportion (3.9%) of those who received follow-through services rated WIS as fair or poor than those who received information only (2.8%). Less than 2% of either group indicated that they would not recommend WIS to a friend or relative (Table 157).

SUMMARY Additional services of follow-through, escort, and transportation were added to the basic I & R programs of four WIS centers during the last 12-months of the demonstration. The most striking finding concerning these additional services was the limited use that was made of them by those contacting these centers. Follow-through was offered to less than 7% of all private individuals contacting these four centers; escort and transportation services were offered to 3.7% of all private individuals calling the centers for themselves, and accepted by a total of 2.9%. About 5% of all paid staff time was spent in the provision of these additional services, compared with 33% of all paid staff time being directed to the provision of basic I & R services. However, approximately 24% of the total program budget was allocated to the provision of the additional services of escort, transportation, and follow-through. About 16% of those offered escort and transportation services declined them. Almost 90% of those designated for follow-through were actually recontacted. Only about

16% of this group were found not to have contacted a facility recommended by WIS by the time of recontact. About 13% of those recontacted by follow-through accepted the WIS offer to provide further assistance.

Transportation and escort service cost $9.36 per caller, compared with $2.83 per caller for follow-through, and $4.75 per caller for basic I & R services. The majority of those receiving transportation and escort services called a WIS center with transportation as the presenting problem area. In over 75% of these cases, transportation was requested for health care services. Over half of those accepting transportation and escort services were age 60 and over, compared with only about 19% of those who received information only. Almost half of those receiving escort and transportation services from WIS had annual family incomes of less than $4,000, compared with only 14% of those who received information only. Over 83% of those who received escort and transportation services were women, although 75% of those receiving information only were also women. Over half of those receiving escort and transportation lived alone, compared with only 12% of those who received information only.

Over 90% of all callers felt that the WIS center had sent them to the right place. Over 70% of all callers who contacted a facility were seen by a staff person at the facility in 15 minutes or less. Over 66% of all callers who contacted a facility reported that they received help for all of their problems. About 18% of all callers who contacted a facility recommended by WIS reported that they were sent elsewhere by that facility. Over 93% of all callers rated the service they received from WIS as excellent or good. Almost 94% indicated that they would recommend WIS to a friend or relative.

SECTION III: Information and Referral and Access to the Delivery System

Two objectives from the Wisconsin Information Service program remain for evaluation:

OBJECTIVE IV-A: *"Increase the access to and the use of health and social services for users and potential users of the I & R center.*

Assumptions: 1. Existing health and social services have the capacity for improving the quality of life of individuals who are in need.

2. Many individuals in need of health and social services do not use them.
3. A major reason individuals in need do not use existing health and social services is that there are barriers that prevent them from reaching such services.

OBJECTIVE I: *"Formulate policy concerning the best methods for helping individuals gain access to human services."*

Assumptions:

1. There exists at present no comprehensive policy for optimizing the access of individuals to the providers of human services.
2. The formulation of such a policy is of high priority.

Both of these objectives are long-range in terms of overall program goals. Their accomplishment was not anticipated within the time period of the WIS demonstration program. Nevertheless, it is useful and appropriate to review these two objectives and their assumptions at the conclusion of the research findings of this study. It is useful because consideration of these objectives and assumptions helps to put what has been presented into perspective. It is appropriate because these two objectives in large part underlie the research effort undertaken by the I & R Center Study.

The assumption that health and social services have the capacity for improving the quality of life of individuals who are in need seems self-evident. Nevertheless, the validation of this assumption proves to be a very difficult task indeed. For at the heart of this assumption is the issue of the accountability of the providers of human services, individually and collectively or institutionally. There are many facets to the issue of accountability in the provision of human services: accountability to the recipient of the service; accountability to the public which supports and pays for many of these services; and accountability to other service providers or professionals. Formative-system evaluation was developed for the WIS program in an effort to be responsive to all of these facets of accountability, and to try to advance the technical base for others who wish to strive toward greater public accountability in their service programs. Hopefully, some providers of human services will find the approach used for this program evaluation to have merit and to be worth further development and refinement.

The assumption that many individuals in need of services do not use them is borne out to a certain degree by the findings of a study reported by Gutek, Katz, Kahn, and Barton (1974). In this study, which was part of the semi-annual omnibus investigation of the Survey Research Center of the University of Michigan in the spring of 1973, some questions were asked about the utilization of seven specific kinds of governmental services, all related to employment or income supplements. It was found that between .3% and 21.4% of those with a problem were not using the available governmental service. Gutek, et al., found a substantial number of persons with a specific problem who did not know about the existence of a service to meet the problem (ranging from 27% to 55% of those with the specific problem). They also found that among those persons with a problem who knew about an agency which would provide service for it, an even higher proportion did not make use of the service (ranging from 45% to 72%). Thus, in some cases, persons with problems definitely do not use available services. In many cases this may be due to lack of knowledge about the availability of services. But in many other cases there are apparently barriers other than lack of information which prevent the person from using the needed service. Based on the findings of the I & R Center Study, however, these other barriers do not seem to be among a number of more obvious ones such as transportation problems, fears about interaction with agency personnel, language difficulties, babysitting problems, or concern about inability to pay for the service. Thus, further study of barriers, other than lack of knowledge or information, which may prevent persons from utilizing needed services seems to be warrented.

The objective of increasing access to and use of services by those who contact an I & R service will remain an ongoing goal if it states connections with the delivery system as a major output of its program. The data gathered during the WIS demonstration provide a baseline against which to measure future performance. Can the proportion of persons who contact a recommended facility be increased beyond 71%? (The range among the individual centers in the WIS network for the total 18 months of the demonstration was 54% to 86% with regard to callers' contacting a recommended facility.) Can the proportion of callers who are sent elsewhere by the recommended facility be reduced from 17%? (The range among individual centers over the entire demonstration period was from 10% to 23% sent elsewhere.)

Perhaps, however, even more crucial and certainly more sobering is a consideration of the ultimate objective of formulating policy for optimizing the access of individuals to the providers of human services. Is this a realistic objective for either government or the private sector to have? In a talk given to the staff of HEW in December, 1971, Secretary Richardson (1973, p. 3) said the following:

> *"The needs are real, but we cannot conceivably meet them all comprehensively and all at the same time.*
>
> *Glaring gaps between needs and their fulfillment are thus inevitable. . . . But a*

> *'need' is subjectively perceived, and this perception reflects the expected response. The more unrealistic, therefore, are the expectations of our fellow citizens, the more we who struggle to meet those expectations tend to be looked upon as failing."*

Later in discussing the various constraints upon the Department of Health, Education, and Welfare, with regard to supporting social service programs, he stated the following inescapable conculsion: " We must choose, [among different programs]."

Given the limitation of resources, particularly in the mid-nineteen-seventies, for human services programs, and considering the possible difficulties in developing satisfactory measures of accountability for the providers of services, how should the policy-maker choose with regard to a service program which has as one of its major goals the production of connections or access with the service system? The assumption that no comprehensive policy exists for optimizing the access of individuals to the providers of human services is not likely to be challenged. However, the assumption that the formulation of such a policy is of high priority may be very tenuous indeed.

CHAPTER 14: Summary, Conclusions, and Recommendations

SECTION I: Summary

The "Information and Referral Center Study" was a six-year research and demonstration project funded by the Administration on Aging, Department of Health, Education, and Welfare, to facilitate the development of a more useful, effective, and comprehensive system of information and referral centers. During the first eight months (July 1969-February 1970) of the project a literature review was undertaken, along with field visits to a number of operating I & R programs throughout the United States, to determine the potential contribution of a network of information and referral centers to the aged. The findings of the first phase of this study were reported in two publications: *Information and Referral Centers: A Functional Analysis* (Long, et al., 1971) and *Information and Referral Services: An Annotated Bibliography* (Bolch, et al., 1972).

During the second phase of the project (March 1970-October 1971) a series of manuals (see Cushing and Long, 1973; Long, et al., 1973; and Tessari, et al., 1974) on how to deliver I & R services according to the model proposed during the first phase of the project was prepared. The final phase of the project, lasting until October, 1975, involved the demonstration and evaluation of a network of I & R centers set up according to the model and procedures developed during the first two phases of the project (Long, 1972). The demonstration program, known as the Wisconsin Information Service (WIS) was funded under a second grant by the Administration on Aging, and was administered by the Division on Aging of the Wisconsin Department of Health and Social Services.

The program evaluation developed for the demonstration (Long and Yonce, 1974) was designed to provide information concerning a number of research questions. Over seventy computer programs were developed to analyze the data gathered during the demonstration phase of the study (Long, 1975) and to provide data processing capabilities for the network in order to study the potential contribution of an I & R network to the planning of human services for the aging. The Wisconsin Information Service operated as a demonstration program between August, 1972 (when the state office staff first began work), and September, 1974. The Division on Aging continued the WIS network through June, 1975, when lack of funding forced the closing of the state office for WIS. A number of WIS centers continued operating after the termination of Federal and state support by securing funds from local community agencies and programs. The evaluation of the WIS demonstration was the responsibility of the project staff at InterStudy. The preparation of the final report for the Information and Referral Center Study was completed in September, 1975.

The approach used for evaluating the WIS demonstration was a formative-system evaluation. This methodology has the following characteristics:

1. It organizes program objectives according to five primary functions of a system: obtaining inputs, encoding inputs, maintaining system components, decoding outputs, and producing outputs.

2. Program goals are broadly defined to permit inclusion of objectives which are concerned with custodial and maintenance aspects of the program, as well as objectives related to program ideals and those concerned with day-to-day tasks.

3. The evaluation is formative in nature, gathering and organizing data for the purpose of providing feedback on a continuing basis to administrators, staff, and others interested in the program. Evaluation is viewed as a process rather than a time-limited event.

4. Multiple criteria are used whenever possible to evaluate program objectives. These criteria include measures of effort, performance, adequacy of performance, efficiency, and process. Priorities are set among individual objective-criterion measures in order to guide the development of specific data-gathering instruments.

5. The rigor of social science experimental methodology is used whenever feasible.

6. Multiple audiences are assumed for the evaluation findings, and findings are communicated in language appropriate to the different audiences being addressed.

7. A stance of public accountability is maintained by the evaluator both in the gathering of data and in the presentation of findings.

SECTION II. Conclusions

RESOURCES AND DATA

Only 2% of paid staff time at both the state office and central level was spent in an effort to obtain resources for the WIS network during the final 18 months of the demonstration. This small effort may be a major factor that explains the failure of the program staff to secure funds to continue the network after the demonstration phase.

Resource File

During the first six months of the demonstration, virtually all staff time at the center level was devoted to the development of the resource file. During the next six months, this effort dropped to 36% of all paid staff time. By the last six months of the demonstration, work concerned with this objective had levelled off at about 8% of all paid staff time at the center level.

The *SEARCH Inventory*, 2nd edition, worked well as the foundation for the resource file data base of the WIS network. However, problems arose concerning the cost and availability of *Inventory* booklets when the publisher was contacted for additional copies after the demonstration had begun. Further difficulties arose in obtaining permission from the author to publish materials based on the data gathered with the *Inventory*, such as community service directories. These problems detracted from the overall desirability of using the *SEARCH Inventory* as the basis for an I & R resource file.

Coordinate indexing as a method for storing the resource file data proved quite satisfactory. A number of computer programs were developed to reduce the clerical effort required to prepare and update various file components such as cross-reference files, code card files, master indexes, and key-word indexes.

Data Collection

Approximately 9.75% of all state office staff time and 0.75% of all paid center staff time were expended in meeting three data collection objectives during the last 18 months of the WIS demonstration. Data collection procedures and forms developed for WIS worked well, and excellent cooperation was given by the centers in helping to meet these program objectives. The strategy to centralize data management activities in the state office so that centers could be freed from this reponsibility in order to concentrate their efforts on direct service to the public was also effective. The only drawback was the loss of the data processing capability to those centers which continued after the demonstration when the State of Wisconsin failed to continue centralized support of the program.

Random sampling procedures were not established for collecting survey data for measuring some of the evaluation criteria. Comparisons among callers who were not asked to complete surveys, callers who were asked but refused, callers who agreed to complete surveys but did not return them, and callers who did return surveys, indicated little threat to the integrety of the survey data because of biases in the manner in which respondents were obtained. The findings based on the survey data gathered appear to be valid.

INFLUENCE OF CENTER CHARACTERISTICS ON USE

The characteristics of the agencies which sponsored the various centers in the WIS network did not substantially influence the kinds of people who used the centers. Few differences emerged among those contacting the different centers with regard to age, sex, income level, educational achievement, race, or problems presented and services requested.

Milwaukee--Satellite Centers

One exception to this finding was the age of those contacting the six satellite centers located in Milwaukee. All of these centers emphasized heavily their service to the aging population. Four were located in facilities which served the aging exclusively. These centers all served considerably more persons age 60 and over than the other centers. Even when the data were adjusted for the proportion of persons age 60 and over residing in the areas served by these centers, the proportion of elderly served by the Milwaukee satellites was much higher than in all other centers.

Center Location

Centers tended to be used by those who were in greatest proximity to the physical location of the center. This finding held whether the center was a satellite in a highly urbanized area, or one serving a multi-county area. In the highly urbanized area, the greatest number of calls came from those living in the neighborhoods surrounding each satellite center. For centers serving multi-county areas, those residents in the community in which the center was located made much greater use of the center than those living in areas further out in the county of location or those living in other counties served by the center. This finding held in spite of the fact that over 90% of all I & R transactions were by telephone (which was toll-free in outlying areas).

Publicity

Word-of-mouth was indicated by almost 40% of all survey respondents as how they first heard of the WIS program. Radio and newspaper announcements seemed to be the most effective ways of reaching the public through the media. With the exception of outreach, no specific technique seemed to hold the edge over the others with regard to reaching specific subgroups of the population such as the aging, low income, or less educated.

Three centers implemented an outreach program during the final twelve months of the demonstration. These centers were all sponsored by community action agencies and served multi-county rural areas. Outreach workers attempted to contact over 9% of the total population residing in the twelve counties served by three centers. Of almost 23,000 attempted contacts, over 65% resulted in the worker's actually talking with a person. Slightly more than 7% of all attempted contacts led to I & R service being rendered. The cost of providing outreach was $2.70 per attempted contact. Substantial numbers of low income and elderly persons were reached through the outreach program, with almost 50% of those receiving outreach I & R service over the age of 65, and almost 60% with family incomes under $4,000 per year.

Persons contacting the I & R center on their own initiative and those contacted through the outreach program had similar problems and service needs, which were for financial help and various income maintenance services, such as supplemental security income and food stamp programs. The outreach program was effective in contacting substantial numbers (from 60% to over 80%) of persons who had never heard of the WIS program previously. A very large number of those making use of the outreach I & R service indicated that they would not have been able to find the help they needed without it. Over 75% of those receiving outreach I & R services went on to contact a facility that was recommended to them. Over 75% of this group received help for some or all of their problems.

All in all, outreach as a publicity technique seemed to be quite effective in reaching specific target populations such as the low-income and the aging, and in providing a much needed and appreciated service to them.

Volunteer and Nonprofessional Staff

Substantial numbers of volunteer and nonprofessional staff participated in the WIS demonstration program. Over 200 volunteers contributed 18.5% of all staff time during the last 18 months of the demonstration. Volunteers and paid staff were generally similar with regard to the various tasks that they performed in the centers, with both groups spending about 22% of their time in providing direct service to callers. Over 80% of all staff were classified as nonprofessionals, based on level of academic achievement, major area of study, and years of work experience in the helping professions. Approximately 24% of all callers contacting one of the WIS centers were helped by a volunteer; over 88% of those contacting the centers were helped by nonprofessionals.

On the whole, there were no major differences between the various groupings of staff members with regard to the quality of the I & R service they provided. Based on the reports of callers who completed I & R User Surveys, those at the highest professional level tended to take more days to provide help than those at other levels. Over 16% of those helped by staff members at the lowest professional level reported that they were not sent to the right person or facility, compared with less than 3% for those at the other levels.

However, fewer persons helped by those at the highest professional level actually went on to contact the recommended provider than those helped by staff members at the other levels. Of those callers who contacted a recommended facility, approximately 10% more of those served by volunteers and those at the lowest level reported receiving help for all of their problems than those served by staff members in the other groupings. About 5% more of those helped by the highest level professionals reported being sent on to other facilities by the agency recommended by WIS than those helped by other categories of I & R specialists. Although all workers tended to be rated as providing excellent or good service by 95% of the survey respondents, those at professional levels one and four received higher proportions of "excellent" ratings than the other categories of staff.

In sum, there appears to be a mixture of postive and negative observations for the different groups of staff members. All in all, service provided by the WIS I & R staff was reported by survey respondents as generally of high quality. Based on those data, the assumption that volunteers and nonprofessionals can provide I & R services effectively with the methodology developed for the WIS program was well documented. Generalizations about the effectiveness of volunteer and nonprofessional staff members in providing I & R services using other approaches of I & R service delivery cannot be made on the basis of these data.

External Consultants

Very little need for the use of professional consultants external to the WIS program arose during the demonstration. Forty percent of all callers required more than one contact on the part of the I & R center to provide service, resulting in a total of 22,380 additional contacts on the part of the I & R center staff. Of these additional contacts, only about 5% involved transactions with outside consultants. Perhaps one reason for the low utilization of consultants by the WIS network was the nature of the content of requests for help received. Of 23,738 different requests for services, only 69 fell into the categories of life and death emergencies or disasters. About 4.8% of all inquiries were in the legal area, but only 124 requests involved actual law enforcement services. Thus, the number of crisis calls was very small compared with all other calls received by the WIS centers. It should be noted that WIS centers did not publicize their services as crisis-oriented or hotlines.

Advisory Boards

Centers spent very little time in working to develop local advisory boards. After the first demonstration year only five of the centers had established advisory boards. Although a state advisory committee composed of representatives of different agencies within the Department of Health and Social Services was established prior to the start of the demonstration, this committee did not serve to coordinate I & R activities among the different agencies represented. Separate I & R programs within both the Division of Mental Health and the Division of Family Services were proposed by the Department of Health and Social Services. Budgets for these new programs exceeded one million dollars. At the same time, the Department denied funds for WIS to continue its operations within the Department, even though the funds requested by WIS were almost $500,000 less than those budgeted for the other I & R programs.

Community Support

Support of the WIS program by community facilities was evidenced by the fact that over 23% of those completing I & R User Surveys indicated that they first heard of WIS centers through a facility or agency. Almost 13% of all calls received by WIS centers came from facilities and agencies during the course of the demonstration. As the WIS centers struggled to obtain continued financial support from the state, almost 100 letters of support were written by facility directors and staff to state legislators and the governor urging continuation of the program.

TRAINING AND SUPERVISION

Almost 66% of the time of the state office staff was spent in activities involving training, supervision, evaluation, and office maintenance. Paid center staff spent approximately 39% of their time during the last 18 months of the demonstration in such activities.

HUMAN SERVICES PLANNING

The WIS demonstration did not last sufficiently long to test and evaluate the actual usefulness of the data from an I & R network for human services planning for the aging. However, the potential contribution of an I & R network to the planning process was delineated. First, the contents of the resource file may provide the information necessary to comprehensive and categorical planning staff personnel with regard to inventories of community services and resources. Second, the demand for services recorded by an I & R system may serve as a proxy for needs assessments, provided possible data biases are analyzed and corrected. Third, a number of analytic data processing programs developed for the WIS system may prove useful for comparing needs with available resources. And fourth, some of the internal monitoring capabilities developed for the WIS network, such as the identification of community agencies which sent callers on to other agencies or which did not provide requested services, may prove helpful to planners charged with monitoring and evaluating service programs.

Approximately 10% of the state office staff time was devoted to data tabulation, analysis and report preparation, compared with less than 1% of all paid center staff time devoted to such activities during the final 18 months of the demonstration. During the course of the demonstration, 171 requests were received by the centers and state office for information that did not concern connecting a person in need with the delivery system. Over 75% of these requests came from public and private agencies. Over 80% of the requests were for lists of facility names and addresses to be used for preparing telephone calling lists (21%), planning (16%), and other purposes such as the compilation of directories, developing new services, and creating or updating agency files.

PROVISION OF I & R SERVICE

Although the major output of the WIS demonstration program was to be connections between members of the recipient system and providers in the delivery system, only 22% of all paid staff time was spent in activities leading to the accomplishment of this goal during the final 18 months of the demonstration. This figure is somewhat misleading, however, because a substantial portion of time was spent in outreach activities which were tabulated with other encoding objectives, rather than output objectives. If outreach is included with the output objectives, this figure rises to about 34% of all center paid staff time being directed toward service to callers in order to affect connections with the service system. Furthermore, this 18-month figure is attenuated by the late entry of a number of centers into service delivery activities during the second six-month period of the demonstration. The amount of staff time spent in service delivery during the third and fourth six-month periods continued to increase. During the third period the amount of time spent by paid staff in direct service was over 35%. In the fourth period almost 50%

of the time of paid staff was spent in direct service to callers. The number of calls received in the fourth period showed a 37% increase over the number received in the third period.

Service Cost

The overall cost for providing basic I & R services during the last 12 months of the demonstration was $4.41 per call. Outreach cost $2.70 per attempted contact, and the unit cost for those receiving follow-through services in addition to basic I & R services was $2.83 compared with $9.36 per caller for those receiving escort and transportation services. The overall drop in unit cost for all I & R service efforts during the fourth period (compared with the third six-months period) was 20%.

Referral Appointments

Few differences were observed among the three groupings of centers: Control, escort/transportation and follow-through (ETF), and outreach during the 12-month period in which program variation services were provided by some of these centers. Although those callers who accepted referral appointments were in the minority (less than .3% for Centers 1-12), referral appointments did tend to help increase the probability that the caller would go on to contact a facility recommended by WIS. Approximately 71% of those receiving information only contacted a recommended facility, compared with 82% of those receiving referral appointments. Referral appointments required about 10 minutes more of the center staffs' time than information only calls. Over 71% of those offered referral appointment by a WIS center declined the offer. About 61% of all calls were handled within 10 minutes, with 60% being completed during the initial contact. Over 87% of all callers were helped within one day of their contacting a WIS center.

Service Outcome

Almost 90% of those who contacted a facility recommended by WIS indicated that they felt they had been sent to the right place. Less than 3% indicated they had not been sent to the right place. Around 17% of those who contacted a recommended facility were sent elsewhere for help with their problem. Less than 6% of those contacting a recommended facility indicated that they received no help for any of their problems; 65% indicated they received help for all of their problems.

Caller Characteristics

Only minor differences existed among the three groups of centers with regard to the kind of services which were requested by callers. The ETF centers tended to provide basic I & R services to a somewhat greater proportion of persons over the age of 60 than the other two groups of centers, when total population characteristics were taken into consideration. The ETF centers also served a somewhat higher proportion of women than the other centers. The ETF centers served proportionately fewer persons with incomes over $12,000 than the other centers, and proportionately fewer persons with college experience as well. No differences existed among the centers with regard to the race of those served.

Follow-Through, Escort, and Transportation

Additional services of follow-through, escort, and transportation were added to the basic I & R programs of four WIS centers during the last 12 months of the demonstration. The most striking finding concerning these additional services is the limited use that was made of them by those contacting these centers. Follow-through was offered to less than 7% of all private individuals contacting these four centers; escort and transportation services were offered to 3.5% of all private individuals calling the centers for themselves, and accepted by a total of 2.9%. About 5% of all paid staff time was spent in the provision of these additional services, compared with 33% of all paid staff time being directed to the provision of basic I & R services. However, approximately 24% of the total program budget was allocated to the provision of the additional services of escort, transportation, and follow-through.

About 16% of those offered escort and transportation services declined them. Almost 90% of those designated for follow-through were actually recontacted. Only about 16% of this group were found not to have contacted a facility recommended by WIS by the time of recontact. About 14% of those recontacted by follow-through accepted the WIS offer to provide further assistance. The majority of those receiving transportation and escort services called a WIS center with transportation as the presenting problem area. In over 75% of these cases, transportation was requested for health care. Over half of those accepting transportation and escort services were age 60 and over, compared with only about 19% of those receiving information only. Almost half of those receiving escort and transportation services from WIS had annual family incomes of less than $4,000, compared with only 14% of those who received information only. Over 83% of those receiving escort and transportation services were women, compared with 75% of those receiving information only.

Over half of those receiving escort and transportation lived alone, compared with only 12% of those who received information only.

Few differences existed among those who received basic I & R services only, those who also were given follow-through, and those who accepted escort and/or transportation services with regard to service outcome. Over 90% of those calling the four ETF centers felt that the WIS center had sent them to the right place. Over 70% of those who contacted a facility were seen by a staff person in 15 minutes or less. Over 66% of the callers who contacted a facility reported that they received help for all of their problems. About 18% of those who contacted a facility recommended by WIS reported that they were sent elsewhere by that facility. Over 93% of the callers rated the service they received from WIS as excellent or good. More than 95% indicated that they would recommend WIS to a friend or relative.

SECTION III: Recommendations

SPONSORSHIP

A. *Sponsorship of I & R services does not seem to be a significant variable affecting their use by the aging.*

Based on the findings of this research, it appears that the setting of an I & R service is not crucial for its use by the aging. All WIS centers served proportionately more persons age 60 and over than would be expected on the basis of population alone. To the extent that an I & R service is not publicized as serving the general population and is located in facilities serving predominately older persons (as was the case in the Milwaukee satellite centers), a larger proportion of older persons tend to receive service, even when the data are adjusted for the proportion of older persons in the population.

In order to assure access of all older persons to I & R services, however, it appears necessary that such services be physically located in all areas where there are concentrations of the aging. Even through the majority of contacts to an I & R service are by telephone, and even when the telephone service is toll-free to the caller living in long-distance dialing areas, the tendency is for proportinately fewer persons to use the I & R service the further away they live from the actual physical location of the service. Further experimentation with various publicity techniques in order to increase the use of I & R services by those who do not live in the immediate vicinity of an I & R service is recommended. Such experimentation should focus on techniques that will maximize the word-of-mouth publicizing of the service by those living in communities which do not have an I & R source.

Outreach which involves door-to-door canvassing of preselected areas which are known to have high concentrations of older persons is a very effective way to publicize an I & R service. However, unless this canvassing can be undertaken on a continuing basis, it appears to have little lasting effect. Unless the cost of outreach can be greatly reduced through the use of volunteer staff, it may not be practical to consider offering this form of publicity.

NECESSITY OF SERVICE COMPONENTS

B. Service components other than information-giving do not seem necessary in order to insure the connection of elderly individuals in need of human services with appropriate providers

Based on the findings of this research, additional services beyond information-giving do not seem to be needed in order to assure that persons contacting an I & R service go on to connect with the service system. Over 60% of those offered referral appointments turned them down. Only 7% of those contacting four experimental I & R centers were found to be appropriate for follow-through services. Proportionately more of those designated for follow-through had already connected with the service system at the time of the follow-through contact than those not designated for follow-through. Only 16% of those contacted in follow-through accepted the I & R center's offer to provide additional assistance.

Only 3.5% of those who contacted the four experimental centers were found to be appropriate for escort and/or transportation services. About 16% of those offered such services declined them. The majority of those receiving transportation services called specifically to request such services. Only 25 persons made use of the escort service during the 12 months of the demonstration.

It is recommended that a careful assessment be undertaken to determine the need for additional services beyond information-giving before such program objectives as referral, escort, transportation, and follow-through are added to an I & R service program. It is further recommended if such program objectives are implemented that careful and continuous monitoring be undertaken to determine the contribution of these additional services in achieving overall program goals, particularly with regard to the increase in unit cost that may result from providing them.

EDUCATIONAL REQUIREMENTS FOR STAFF

C. The WIS method for delivering I & R services does not require extensively academically-trained staff.

Based on the findings of this research, it is recommended that traditional academic criteria not be heavily weighed in selecting personnel to work in I & R service programs using the model developed for the Wisconsin Information Service. Those with a high school diploma demonstrated that they were capable of performing the various tasks required to operate an I & R service which made use of the technology developed for WIS, once a brief formal training program had been completed. Continuing inservice training, supervision, evaluation, and monitoring of worker performance are, of course, recommended as a sound management practice regardless of the I & R specialist's level of academic achievement or prior professional experience.

NETWORKS VS INDEPENDENT CENTERS

D. It is feasible to establish a coordinated I & R network.

It is recommended that careful reconsideration be given to the fostering of independent I & R centers in order to provide connections of persons in need of human services with the delivery system. It is recommended that serious thought be given to the development of a standardized methodology for inventorying the services provided by components of the delivery system and that a feasibility study be undertaken to assess the practicality of establishing community sources for performing the task of conducting such inventories and maintaining and updating the data base resulting from the initial inventory. These community sources would make available to all components of the delivery system a number of information products, including resource files, which may be utilized to promote connections of persons in need with the appropriate providers in the delivery system.

The feasibility of developing a coordinated network of such information sources was demonstrated by the Wisconsin Information Service. The potential usefulness for human services planning of a coordinated data base that is available from an I & R network has been outlined in this report. However, until its actual usefulness has been thoroughly tested and evaluated, it does not seem advisable to implement networks of I & R centers. The cost of organizing information and referral sources on a network basis does not appear to be justified solely as an enhancement to the program objective of connecting people with services. It is recommended that further research be undertaken to ascertain the usefulness of coordinated community information sources for human services planning.

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